DOCUMENT RESUME

ED 136 505 EC 100 020

AUTHOR	Clark, Vernon L., Comp.; Johnston, Sonya P., Comp.
TITLE	Description of Projects: Developing Strategies for Integrating and Delivering Services to Handicapped Children in Head Start Programs.
INSTITUTION	North Carolina Univ., Chapel Hill. Technical Assistance Development System.
PUB DATE	Jun 74
NOTE	359p.; Hard copy not available due to marginal legibility of original document
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	Activities; Community Resources; *Delivery Systems; Early Childhood Education; Evaluation Methods; Exceptional Child Services; *Handicapped Children; Identification; *Intervention; Parent Participation; Personnel; *Program Descriptions; Program Evaluation; *Program Planning; *Regular Class Placement
IDENTIFIERS	*Project Head Start

ABSTRACT

Provided are separate reports on 14 Head Start programs offering strategies for integrating and delivering services to handicapped children. Information is given on programs in the following locations: Brighton, Colorado; Lawrence, Kansas; Norfolk, Virginia; Portland, Maine; Cooperstown, New York; Crow Agency, Montana; Anchorage, Alaska; Bristol, Florida; Tucson, Arizona; Portage, Wisconsin; Seattle, Washington; Chapel Hill, North Carolina; St. Paul, Minnesota; and Stigler, Oklahoma. Reports usually include sections on the project's philosophy; intervention strategy (such as handicapping conditions served, geographical area served, recruitment, screening and diagnostic procedures, plan for integration, daily activities, services, parent involvement, and staff training); staff roles and skills (job titles and responsibilities); and community and regional resources. Program plan outlines which cover the target, goal, outcome objectives, activities, and evaluation are also provided for most of the programs. (SBH)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED136505

DESCRIPTION OF PROJECTS DEVELOPING STRATEGIES FOR INTEGRATING AND DELIVERING SERVICES TO HANDICAPPED CHILDREN IN HEAD START PROGRAMS

BEST COPY AVAILABLE

BRIGHTON, COLORADO
LAWRENCE, KANSAS
NORFOLK, VIRGINIA
PORTLAND, MAINE
COOPERSTOWN, NEW YORK
CROW AGENCY, MONTANA
ANCHORAGE, ALASKA
BRISTOL, FLORIDA
TUCSON, ARIZONA
PORTAGE, WISCONSIN
SEATTLE, WASHINGTON
CHAPEL HILL, NORTH CAROLINA
ST. PAUL, MINNESOTA
STIGLER, OKLAHOMA

EC100020

ADAMS COUNTY HEAD START

ADCO Improvement Association, Inc.
Ms. Theresa Hickman, Coordinator

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PHILOSOPHY

The Adams County Head Start project addresses itself to identifying and recruiting handicapped children in Adams County, Colorado. The project is located in the northeastern quadrant of the Denver metropolitan area. Although over half the population is urbanized and lives in five incorporated areas in the western and northern portions of the county, Adams County has been one of the top agricultural counties of the state.

The program proposed by the Adams County Improvement Association was to call upon all the resources available locally to assist with the implementation of the ADCO strategy for providing special services to handicapped children. The Adams County program also hopes to work closely with the public schools to assist them with the coming integration of handicapped children into the classroom and the findings concerning methods of locating handicapped students and making services available to them and their families. It will also provide training and services to handicapped children not previously available and to develop training tools for teachers servicing handicapped children. The ultimate goal is to develop the capabilities of present Head Start staff and existing community resources to a point where extra funds would not be necessary to operate an adequate and effective Head Start program for all children.

The Adams County Improvement Association's program is in a unique position in Adams County because it is not tied to any special level or branch of government. Rather, the agency is in the position of having all branches of government involved in the agency decision-making process. The combination of wide public, private and individual representation makes it possible for the agency to work in nearly all sectors of social services delivery with all portions of the population.

INTERVENTION STRATEGY

The ADCO Improvement Association, Inc.'s Head Start Program can best be described as a center-based, half-day program serving children with such handicapping conditions as cerebral palsy, visual, auditory, and speech impairments and emotionally disturbed. The population served by the program is primarily Spanish-American and white from rural areas and small towns. Approximately three hundred and twenty children are served in the program's five centers.

The instructional program can best be described as developmental with the special services teachers providing 20% of the total time of the children's (children with special needs) program individually or in groups. The remaining time is provided by regular classroom teachers in adapting the regular Head Start curriculum to the needs of these particular children, and also total program changes and recommendations are made.

Strategies used in the classroom include an open classroom for discovery learning through interest centers where a child regulates and paces his experiences. Teachers, as well as parents, act as facilitators to ensure individualization and structure prescribed experiences. Even materials used in working with parents are sometimes teacher-made geared toward the child.

The Project has developed a parent program which has 20% active participation. Information is exchanged between parents and staff through parent-teacher conferences, home visitations, parent group meetings, training workshops, and visits to community facilities. Parents are consulted in program planning as well as participate in the center programs as teachers, teachers' aides, advisory council members, and fund raisers. They are made aware of other community resources available to them for obtaining further help for their children. In addition to parent-teacher meetings and home teaching visits, the parents engage in social activities.

There are plans for following-up the children with special needs to insure they are receiving the services that they need in the future in public schools or special agencies. Some of the training programs that have been conducted for the staff dealt with sensitivity (December), gross motor (February), speech and language (March), and materials (May). Staff training and record keeping will be the content of a June workshop.

STAFF ROLES AND SKILLS

Title	Responsibility
Project Director	General administrative responsibilities Coordinator with other components Contact with outside resources Supervisor of Speech and Language Program Consults with parents Supervises training program Supervises B.E.H. teachers
1. Special Education Teacher	Working with children Working with parents Training teachers Contact outside resources
2. Special Education Teacher	Working with children Working with parents Training teachers Contact outside resources
3. Special Education Teacher	Working with children Working with parents Training teachers Contact outside resources
Consultant in Educationally Handicapped	Assists in training
Secretary (25%)	
Accountant (10%)	

The three teachers are based at a Center and are responsible for working with its staff on problems relating to children with handicaps. In addition they also evaluate children referred to them by teachers and develop an individualized educational plan. They visit area resources serving handicapped children and maintain contact with agencies or teachers who will receive project's children. Planning for the next program year and training regular Head Start staff through workshops and direct in-classroom training is also the responsibility of the Special Education Teachers.

Diagnostic Team (BEH Teachers, Coordinator, E.H. Consultant, Nurse, Speech Therapist, Teacher & Other Agencies)	Staffing on some children

COMMUNITY AND REGIONAL RESOURCES

Consultants

Educationally Handicapped Consultant	Consultant for Educationally Handicapped Teachers' problems with children Training

Agencies

Tri-County Health	Physicals, Medical Records, Testing, Referrals
Adams County Mental Health	Consultants for Emotional Problems Psychologicals
J.F.K. Diagnostic Center for Children	Complete Evaluations of Children
Children's Hospital	Speech and Language Evaluation
Colorado General Hospital	Visual and Auditory Tests Neurological Evaluations
Welfare Department	Family Problems
Community Center for the Retarded	Referrals
Sewall Rehabilitation Center	Referrals
J.F.K. Outreach Project	Referrals
Mountainview Environmental Center	Teacher Training
Foothills Elementary School	Perceptual Problems
SEMBEC	Teacher Training
Public Schools	Referrals to special education departments or regular classrooms
Children's Museum	Visit for morning
Metropolitan College	Volunteers working directly with special needs children
Community College	Volunteers working directly with special needs children
University of Colorado	Volunteers working directly with special needs children
Pediatrician	Physicals, Other Referrals
Audiologist	Audiological Evaluations (unpaid consultant on speech & hearing problems)

Technical Assistance Agreement Outline

Brighton, Colorado

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
Train staff in methods of assessment and instruction for pre-school handicapped children.	1.0 Video-tape of the TADS Curriculum Workshop to be held in St. Louis on April 8-9, will be produced and sent to the Brighton Project by May 30, 1974.*	1.0 TADS will conduct the curriculum Workshop in St. Louis, Missouri on April 8-9, 1974. 1.1 Video tape will be taken of the Workshop. 1.2 TADS will make a copy of the video tape by May 15, 1974. 1.3 TADS send a copy of the video tape to the Brighton Project by May 30, 1974.	1.0 The Brighton Project will have in its possession a video tape of the TADS Curriculum Workshop by May 30, 1974. 1.1 Brighton Project evaluation of the video tape.
Identification of appropriate diagnostic instruments for pre-school children.	2.0 TADS will provide the Brighton Project with an Evaluation bibliography by March 20, 1974.	2.0 TADS will send a copy of the test Bibliography by March 20, 1974.	2.0 Receipt of the manual by the project by March 20, 1974.
A program planning model.	3.0 TADS will send the Brighton Project a Program Planning and Evaluation manual (vol. II) by March 20, 1974.	3.0 TADS will send a copy of Program Planning and Evaluation (vol. II) to the project by March 20, 1974.	3.0 Receipt of the manual by the project by March 20, 1974.

* TADS-OCD budget limitations may require additional funds provided by the Brighton Project.

DEVELOPING NEW APPROACHES FOR

HEAD START SERVICES TO HANDICAPPED CHILDREN

Kansas Project
Mr. Bill Campbell
Dr. Nancy Peterson
Mrs. Charline Freitag

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PHILOSOPHY

Based on the potential which was present for developing a delivery model for serving handicapped children in Head Start utilizing a broad base of resources and cooperative liaisons between service organizations in Lawrence, Kansas and in the surrounding area of Douglas City, the following objectives for the project will be to:

1. Design and demonstrate a program model for serving handicapped children in Head Start programs in an integrated setting with non-handicapped children and which features an interdisciplinary and interagency liaison approach to serving the needs of the preschool handicapped and their families.

   (The service program will be developed at two levels. The first level will include special services and instruction for those children whose handicapping conditions appear to be mild or borderline in nature and who require special help that can be carried out within the regular Head Start or Day Care classroom. The second level will include services for moderately to severely handicapped children who require more intensive training and special environmental provisions which require alterations in the regular classroom environment or organization. At each level, the model will be based upon the provision of service environments in which both handicapped and non-handicapped children are served.)

2. Develop a training model with appropriate training procedures, utilizing interdisciplinary and interagency liaison resources, to prepare Head Start staff for professional or paraprofessional roles in providing appropriate services for the preschool handicapped.

As the program model is conceptualized and procedures for delivery are planned to meet the above objectives, an attempt will be made to develop a service and training model which will be appropriate to the man-power resources and funding parameters of Head Start Centers and their communities. The training model will be based upon the concept of short-term, in-service training in contrast to a long term or extensive pre-service model which may become excessively costly for Head Start Centers and disruptive to the continual operation of the service program for children. Emphasis shall also be placed upon the incorporation and coordination of program services with other agencies, funding resources, service and resources in the community which are focused upon handicapped children and their families.

Features of the project which we feel provide some innovative approaches to serving handicapped children include:

1. The demonstration of a multi-agency cooperative for serving a broad spectrum of handicapped children with mild to severe disabilities and the "pooling" together of professional and community services to provide an appropriate integrated training-educational program for each child.

2. The demonstration of classroom and teaching strategies for accomodating a broad range of educational-therapeutic-environmental needs created by the inclusion of both handicapped and non-handicapped children in one classroom.

3. The demonstration of an inter-disciplinary approach to the planning of and carrying out of classroom as well as therapeutic programs for handicapped children. (This is to be contrasted to "parallel" activity or services provided by participating professional disciplines in many early childhood education programs.)

INTERVENTION STRATEGY

Handicapping Conditions to be Served

Approximately 12-13 preschool aged handicapped children will be served in the project. This will include approximately 10 handicapped children in the UAF Douglas County preschool, described previously, and 8 children in the ECKAN Six County area. Handicapping conditions of the children include mental retardation, visual and auditory impairments, speech impairment, emotional disturbance, crippled or neurologically impaired, and multiply handicapped.

Geographical Area to be Served

The entire ECKAN Six County area will be designated as the target area due to the fact the population of the handicapped to be served is not concentrated in Lawrence or any particular pocket areas.

Recruitment of Handicapped Children

Criteria for acceptance of handicapped children into the program will include the following:

(A) Priority will be given to those children who fall below the government guidelines for poverty, either in actuality or because family income is drained due to medical, dental, transportation and child care expenses related to the handicapped child.

(B) Handicapped children who are above guidelines will be accepted since the program is the only one in the community to meet their needs. These children will be included at no cost to this Head Start program.

Recruitment activities shall be carried out through the cooperative work of several community, university, and public agencies with Head Start staff. These include the Douglas County Association for Retarded Children (DCARC), Public School District #497, the University of Kansas UAF Clinical Training Center, Douglas County Welfare Department, Lawrence Ministerial Alliance, Douglas County Health Department, Visiting Nurse Association, Lawrence Association for Education of Young Children, pediatricians, and local doctors. Use will also be made of the ECKAN Community Service Coordinator who works in low-income areas. A door to door canvass will be made in low income housing areas. Use will be made of public media and word of mouth referrals by those families served by the program.

Screening and Diagnostic Procedures

Screening procedures will be used which expediate the process of getting appropriate services to a child and enrolling the child in the appropriate educational program as quickly as possible. Traditional procedures of completing extensive diagnostic evaluations prior to acceptance into a program,

which frequently delays placement for as much as 2-3 months, will not be used. Upon referral of a child to the project, an initial interview of the parents (with the child) will be conducted at the UAF Clinical Training Center by the Program Director and/or Head Teacher. On the basis of this initial interview, a general determination can be made whether the child presents some mild or borderline handicap or whether the handicap is more severe in nature. Depending on this initial decision the referral will follow one of three routes: 1) If no significant handicapping condition is found, the child will be referred to the general Head Start program or to other services available in the community. 2) Should the case seem to be one of a mild handicap and the child's family meets income guidelines, the child will be enrolled in the regular Head Start classrooms. Once the child is enrolled, further diagnostic work will be carried out at the UAF Clinical Training Center by the interdisciplinary team to determine the specific nature and extent of the child's disability(ies). 3) Should the case be one of a moderate to severe handicap, the child will be seen by the UAF evaluation team which currently serve the Preschool. This team consists of the Project Director who is an educational psychologist and specialist in child development, the teacher for the severely handicapped at the UAF preschool, a speech therapist, and an occupational therapist. An informal evaluation will be done on the child to generally determine the nature and extent of disability and to determine whether services available in the UAF-Douglas County Preschool program will serve the needs of the child. If the child exhibits moderate to severe disabilities and does require the concentrated services of an interdisciplinary team of specialists, the child will be enrolled in the UAF-Douglas County Preschool. Once the child is attending the preschool, formal diagnostic evaluations will be completed on the child, including medical-neurological evaluations at the KU Medical Center if necessary. Diagnostic evaluations, completed on the child, will include educational, physical-motor, speech, and adaptive skill evaluations, as well as any other specialized evaluations that may appear appropriate for the specific child. These evaluations will be carried out by University staff associated with the UAF Preschool and UAF Clinical Training Center.

Plan for Integrating Handicapped Children

The UAF-Douglas County Preschool has been operating on the "integration model" for the past 1 1/2 years of its operation. Shortly after the program was initiated in 1970, the staff became convinced that the most desirable classroom situation for handicapped children was one in which normal children were included to provide normal models, which seemed particularly important for efficient learning. The class, therefore, currently operates with both normal and handicapped children and will continue to operate in this way under this project. Provision is made for individual needs of the children by (1) the careful planning of individualized programs for each child, (2) the scheduling of daily activities which allow many activities to occur concurrently and, hence, each child can be assigned to the activity, and (3) the use of a large number of trained volunteers, students, mothers, etc. to provide the continuous individual assistance that many handicapped children require.

The C.C.C. Head Start program is also serving the mildly handicapped within the context of the regular Head Start program. Intensive teacher training activities will be designed to assist all staff in working effectively with children under the "integrated" classroom model. Provisions will be made to accomodate all handicapped children (including non-ambulatory and non-toilet trained, which are frequently reasons why children are not allowed to enter into a program). Children who may not participate in classroom activities will only be those children who are ill for a few days and hence should be kept at home temporarily. Teachers in other ECKAN centers will receive regular workshop and on-site training.

Daily Activities

The Child Development and Education Component for handicapped children served under the UAF-Douglas County Preschool will consist of the following activities and services. The Preschool program operates during the regular school year from the latter part of August through May and also during the summer for an eight week summer session. Classes are held from 9:00 a.m. to 1:00 p.m., Monday through Friday. Daily curriculum is organized to allow a great deal of individual variation in the type of activities and the time blocks spent on such activities. This is particularly important to accomodate the broad spectrum of abilities, disabilities, and developmental levels represented in a group of both non-handicapped and exceptional children with a variety of handicapping conditions. Daily curriculum includes free play time, individual tutoring sessions in skill areas appropriate to each child's needs (such as self help skills, language, basic cognitive skills, etc.), small group activities for language development, story time or music-rhythm, etc., outdoor play, lunch time, nap time, and individually scheduled sessions for specialized therapy. Therapy sessions are set up on the basis of the particular disabilities and hence training needs exhibited by each child. Additional curriculum activity in the preschool may include special class activities such as field trips, special units of activity such as one on pets, a garden project, a unit on color, etc.

Specialized Services for the Handicapped

A broad range of specialized services are available to the children. The services are set up in the curriculum as previously mentioned as individually scheduled, specialized therapy sessions. These specialized services are delivered not only through individual therapy sessions but also in the classroom itself as part of the on-going classroom curriculum. These specialized services are integrated into general classroom curriculum through the inter-desciplinary teamwork which occurs in diagnosing the child's disabilities and abilities, in prescribing the child's individual curriculum and program needs, and in planning-implementing the daily curriculum the child will receive. These specialized services include:

individualized educational programming
speech therapy
occupational therapy (physical-motor training)
music therapy
physical education and perceptual-motor training
psychological services

Social Services

The social services and the plan for delivering them are:

(A) Counseling families re. their child's handicap and their feelings and attitudes.

(B) Referral service, directing families to agencies and resources that will meet their needs in caring and obtaining appropriate educational-medical-therapeutic services for their handicapped child.

(C) Home visits to keep in regular contact with families to foster communication and mutual cooperation in working with the child.

(D) Emergency services, e.g. financial, transportation.

(E) Advocacy service to help families obtain services for which they are eligible.

(F) Working in cooperation with other agencies serving our children and families.

(G) Coordinating and executing weekly parent meetings, providing: an opportunity for parent's sharing of experiences and problems, and workshops conducted by physicians, teachers and other professional who could support and help parents.

Note: A.M.S.W. will be responsible for this component.

Psychological Services

The psychological component will include a variety of services provided as an integral part of the Child Development-Education component, of the parent program, and of the on-going project evaluation activities described later in the proposal. These will include:

(A) As described under admission procedures, a general evaluation will be made on each child to be followed up by a complete evaluation once the child is entered into the preschool program. This evaluation will be carried out by an interdisciplinary team including a psychologist.

(B) As services are provided to a child in the classroom and in therapy sessions, the interdisciplinary team of specialists continually work together to plan appropriate activity for the child, identify more effective procedures for working and interacting with the child, to work with any special problems that may arise, and finally to evaluate the growth and progress of the child. A psychologist is part of this interdisciplinary team.

Parent Involvement

Special activities are provided for parents of handicapped children in the project to acquaint them with training procedures and service resources for their child. These include:

(A) Regular group meetings with parents in which special educational activities are conducted. These include talks and discussions with professional personnel who work with their child in the program (e.g. speech therapist, occupational therapist, classroom teacher, etc.). Group discussions are also held with mothers of handicapped children to deal with problems of adjustment, home care and training, or other personal-family needs associated with the presence of the handicapped child in the home.

(B) The provision of regular classroom observation periods when parents may observe their child in classroom or therapy activities in the UAF-Douglas County Preschool. (Observation rooms with one-way observation mirrors are available.) This gives parents an opportunity to become closely acquainted with the activities of their child in the preschool. It also provides an opportunity for parents to become acquainted with teaching procedures that are used with their child which they, too, may also apply.

(C) Two parent conferences which are held individually with the parents of each child in the program. Parent conferences are used to report and evaluate the growth of the child and to discuss with parents that progress in terms of continued program objectives for the child.

(D) Participation of parents in field trips or other special activities of the children. Family members, (brothers and sisters) are also invited to participate in such activities whenever their own school-vacation schedule will permit.

Health Services

The health component will include both medical and dental services normally provided to Head Start children as well as those more specialized diagnostic and treatment needs of handicapped children -- particularly those with moderate to severe debilitating conditions. Services will include:

(D) Methods for the identification of handicapping conditions and the informal assessment of a child's continuing educational needs in the program and of a child's progress in achieving skills as a result of program activity.

The development of this training model by staff will generally proceed according to the following steps:

1. Planning and Conceptualization Phase. During this phase training needs will initially be identified through the input of a wide variety of staff involved in providing services to handicapped children. This will include on-site staff professional personnel and project staff working directly on the development of the training model. Once training needs are identified, the tentative training model will be conceptualized and training content and sequences will be outlined.

2. Model Development, Testing and Refinement Phase. Training procedures will be developed from the "conceptual stage" to the operational stage as staff from the local C.C.C. project are brought into the UAF-Douglas County Preschool for training and as the Staff Trainer returns to their home classroom settings to follow-up on training experiences. Some initial training sequences will be outlined and implemented with the C.C.C. staff. On the basis of their feedback and upon their performance with handicapped children, refinements and changes will be made to further develop the training model.

3. Formalization of the Training Model and Production of Materials for Full Model Implementation. This phase of development will likely occur during a second or third year of operation. During this phase, the project should result in written products with appropriate materials and guidelines so that other projects may begin to test out and utilize the same training procedures.

(A) Assessment of present health by providing annual physical examinations including blood and urine analysis, and screening evaluations of vision, speech, and hearing. Immunizations shall also be given.

(B) Specialized treatment for each child's needs such as, psychological evaluations, medical-orthopedical treatment and neurological evaluations.

Training

The purpose of the training component of this project will be twofold. First, a model will be developed for short-term in-service training of Head Start personnel to work with handicapped children. Project staff and Head Start staff from the Community Children's Center will work closely together in developing the model, in testing out and refining training procedures and in formalizing the training model so that it can be used to train staff from other Head Start Centers under ECKAN during the interim period of which the formal training model is being developed. This general training program will be designed to prepare staff to work more effectively with handicapped children entering their programs. A broadened source of exposure to other centers through this general training activity will provide important input (program needs, problems, types of staff skills needed in other programs, etc.) as the formal training model with C.C.C. is developed. It is estimated that approximately 3-4 C.C.C. staff will receive training during this year and approximately 20-25 ECKAN staff will receive training to assist them in serving handicapped children in their Centers.

The training program will incorporate staff expertise of the multidisciplinary team in the UAF-Douglas County Preschool and in the UAF Center at the University of Kansas. The Staff Trainer, described previously, will coordinate the involvement and use of these various resources in developing and implementing the training model. Content of the training model will generally be focused around:

(A) Classroom organization, scheduling, and general management to accommodate and to meet the instructional-experiential needs of the preschool handicapped.

(B) Methods of instruction for teaching children with various types of handicapping conditions in general preschool activity and in those skill areas in which a child requires special help because of his handicap.

(C) Some basic guidelines for preparing new instructional materials and/or equipment or adapting regular materials/equipment for use with the handicapped child.

PROGRAM PLAN OUTLINE
FOR

Lawrence, Kansas

RGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
d Start chers	1.0 The basic task of the UAF Preschool Staff in its obligations to Head Start is to design a training program for Head Start Staff regarding procedures for planning for and teaching handicapped children; further, the UAF Preschool Staff will also deliver direct services to handicapped Head Start children and field test a training kit to be used in the Head Start training program.	1.0 To conduct a needs assessment of the skills and abilities of the Head Start Center Staffs by	1.0 Personal contact of UAF personnel with Head Start Center Staff --data collection of kinds of handicapping conditions occurring in identified Head Start programs --informal collection of data on competencies of classroom Head Start teachers --group discussions to acquire information on the training level --meeting with Head Start director --discussion with Head Start staff on their training needs	1.0 Log records --listing of handicapping condition --listing of staff skills, strengths and weaknesses --listing of traini needs
20				21

PROGRAM PLAN OUTLINE
FOR

Lawrence, Kansas

ARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		2.0 To co.ceptualize and develop into a preliminary outline the model to be used to train Head Start teachers	2.0 Input from Head Start Staff; --discussions with I.D.S., classroom teachers --T.S. Trainer observations of classrooms to ascertain the behaviors essent 1 for "teaching" handicapped children in Head Start programs --make a preliminary outline of those critical skills, behaviors, etc., for subsequent discussion by appropriate persons to be identified --involvement of the T.S.T. in actual classroom teaching within the Head Start program	2.0 The preliminary plan developed by
		3.0 To re-evaluate the outline of the preliminary training model for refinement and development of the model's content.	3.0 Discussions with the I.D.S., involved teachers, the Head Start director and other key personnel.	3.0 Training model de eloped
22		4.0 To provide staff training to Head Start staff according to the needs identified.	4.0 Development of training schedule --on-going staff training workshops by T.S.T. with appropriate modifications based on feedback from participants.	4.0 Filed training sch dule in Head Start office. --workshops conduc ted --feedback evalua- tion forms.

23

PROGRAM PLAN OUTLINE
FOR

Lawrence, Kansas

GET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		4.1 To develop and outline the procedures to be used to implement the training model.	4.1 Conference among key persons on the identification of the most probable procedure(s) for training teachers on the criteria identified as essential to Head Start teachers working with handicapped children. --conference with key persons to discuss adequacy of the procedures identified.	4.1 A written description of the implementation procedure is developed
24		4.2 To implement the training procedure taking care to identify the more "testable" or quantifiable training procedures (a portion of the intent here is to provide basic training to Head Start teachers and to field test the training procedure(s)).	4.2 Workshops with Head Start Staff; other training as specified in the written description of the implementation procedure; outline ways for evaluating the effectiveness of the training procedure and program.	4.2 Workshops conducted Evaluation procedures/guidelines identified and implemented
hree (3) o seven year ol rate to rely capped ren		5.0 To provide specialized, prescriptive service delivery to handicapped children from the Head Start Center(s)	5.0 Informal assessment to determine general placement; --formal assessment; --referral to agencies that assess in areas not provided at UAF; --assignment to an individualized schedule, objectives, and activities as defined in the assessment data; --periodic staff conferences on each child's progress; --parent conferences; --end of year written reports --use of outside consultant team to review individualized schedules etc.	5.0 Assessments and placements made and recorded Written and filed schedules 25 Written recommendations concerning subsequent activities for each child Written reports.

STAFF ROLES AND SKILLS

Title	Responsibility
Head Teacher (Half-time)	The classroom teacher will be located at the UAF-Douglas County Preschool. She shall be responsible for planning and implementing the classroom program described under the child development component. She will coordinate the instructional activity of all disciplines working with each child to ensure a continuity of services for each child and to ensure that the program objectives and individual needs for each handicapped child are being met.
Administrative Assistant (Half-time)	Administrative assistance to Project Director Liaison with Head Start.
Teacher Trainer (Full-time)	A full time Trainer (with training in special education and preschool for the handicapped) shall be responsible for working with the Director, teaching staff, and training recipients to (1) plan objectives and conceptualize the training model which will be developed under this project, (2) develop training sequences and the corresponding activities and materials and (3) coordinate the implementation of the training program by organizing sessions, coordinating the participation of other professional staff, and working with Head Start Teachers and staff trainees in both the UAF-Douglas County Preschool and in their own home program sites.
Social Worker (Quarter-time)	The part-time social worker in the project will be responsible for carrying out those activities outlined under the social services component for the project. These activities are particularly focused upon recruitment, family services and counseling and liaison work.
Head Start Director (Quarter-time)	Additional time for coordinating and administering the project at the Community Children's Center will be required for the Head Start Director. The CCC Head Start Director will be responsible for working cooperatively with Dr. Nancy Peterson, (Director of the UAF-Douglas County Preschool and Coordinato

	of Education for the University of Kansas UAF Clinical Training Center) to coordinate program and training activities between the two program sites. The development of the Training Model and the Service Model for Handicapped Children will be administered by Dr. Peterson with the cooperation and assistance of the Head Start Director, the Trainer, and other staff.
Secretary	The part-time secretary will be responsible for the office work and typing required for the general management of the program and for the production of training materials, progress reports, and evaluation materials related to the program.
Data Gathering Personnel	Monitor Staff Performance The evaluation clerk and research assistant will participate in the gathering of on-going data on the performance of Head Start trainees in working with handicapped children in both the home classrooms and the training classroom to evaluate our effectiveness in training staff and to evaluate the efficiency of staff in practicing new skills once they return to their home classrooms.
Teacher & Teacher Aide Substitutes	These people will assume responsibility for maintaining classroom programs in Head Start Centers during those times when regular staff are participating in training activities at the UAF-Douglas County Preschool.

COMMUNITY AND REGIONAL RESOURCES

Douglas County Association for Retarded Children

Public School District #497

State Department of Welfare

State Special Education Offices

Title I

Departments with the University of Kansas:

Special Education, Speech and Hearing, Psychology, Perceptual Motor Clinic, and Human Development and Family Life

University of Kansas UAF Clinical Training Center

Lawrence Ministerial Alliance

Douglas County Health Department

Visiting Nurse Association

Lawrence Association for Education of Young Children

Pediatricians

Physicians

Community Action Organization (OEO)

Nutritionists from County Extension Offices

Emporia State Teachers College

. . . . .Other Surrounding County Offices

Technical Assistance Agreement Outline

Lawrence, Kansas

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
ssistance in the eriodic review of he project's pro- ress toward its oal and objective ccording to the imelines drawn.	1.0 To receive by June, 1974, at least one on-site project review visit that provides the program staff with assistance on its management by objectives activities.	1.0 TADS staff person visits project at a date before or during April, 1974. 1.1 TADS staff person will conduct a follow-up needs assessment during a second site visit.	1.0 Project accomplishes its objectives for FY 1973.

REPLICATION SUGGESTIONS

Due to the location of the project and to one of the objectives for which the UAF-Douglas County Preschool operates, the program currently serves as a demonstration project. The joint sponsorship of the program by the Douglas County Association for Retarded Children, the involvement of the Public Schools with the Trainable Class which is parallel to the Preschool in the UAF, the liaison of the UAF Center with other Day Care Programs in Kansas sponsored by the State Department of Social Welfare, and the new liaisons now created by the linkage with Head Start makes the project increasingly visible and increases the opportunity for it to serve as a demonstration center for other projects.

After an initial year of program planning and pilot implementation with C.C.C., it is hoped that the project will be ready to expand the training model and services to include all Head Start programs in ECKAN. If possible, the training program may be implemented on a state-wide basis during the third or subsequent years once the training model is formalized and packaged. The University of Kansas UAF Clinical Training Center and its preschool operation for handicapped children may provide the needed resources to serve as such a training center.

A first draft on a teacher training Manual has been prepared. The manual will consist of a program of intensive training to prepare teachers to work with handicapped children. The manual is expected to be completed by September.

Workshop materials that have been developed and are available are "Identification of Handicapping Conditions and Referral Procedures", "Designing Intervention Procedures", and "Improving Instructional Aides".

SOUTHEASTERN TIDEWATER OPPORTUNITY PROJECT

Norfolk, Virginia
Mr. John Christian, Director

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PHILOSOPHY

Prior Concern with Poverty

The STOP organization has been functioning as an anti-poverty agency since its inception in 1965. The functional areas of program operation include community actions programs, Child Development/Head Start, Manpower Development and Recreation; all of which have been designated to alleviate or ameliorate the causes and conditions of poverty.

The Experimental Head Start Program for Services to Handicapped Children demonstrates effective ways that special handicapped children can be mainstreamed into the regular Head Start class.

They demonstrate how community resources can be mobilized to provide comprehensive child care services to special handicapped children in Head Start or other pre-school programs.

The program demonstrates innovative ways of working with families of special handicapped children in better understanding their children, identifying community resources that can be of assistance and becoming knowledgeable concerning activities that may help improve the growth and development of their handicapped child.

Further, it demonstrates new methods directed at improving community, parent, staff, and other children's attitudes toward special handicapped children.

PROGRAM PLAN OUTLINE
FOR

Norfolk, Virginia

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
ndicapped ildren, i.e ntally re- rded	1.0 To provide a variety of formal educational experiences for enrolled handicapped children that are designed to maximize the child's strengths within the framework of his limitations while incorporating the child into a "normal" Head Start program; appropriate programs and experiences for parents and identified decision-makers will be designed to proceed along this same fundamental dimension.	1.0 Each enrolled child by January, 1974, will have been diagnosed, and a prescriptive program written by project personnel and/or consultants. 1.1 Each enrolled child by February 25, 1974, has an individualized developmental profile specifying what skills he had at enrollment and those developmental skills he is to have at periodic intervals. To be decided by the project.	1.0 Arrange to meet with the appropriate medical personnel. 1.1 Conference between project personnel, consultants and medical personnel. --Use of and/or development of a developmental profile, ie., LAP, by project consultant. --Project site visit and in-service training at Chapel Hill-Carrboro Outreach Project.	1.0 Prescriptive medical and educational program on file in director's office, February, 1974.

PROGRAM PLAN OUTLINE
FOR

Norfolk, Virginia

ARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		1.2 To have by March, 1974, 75% of handicapped using expressive and receptive language: --can say his name --recite his telephone number --give his address --name members of family --follow directions --demonstrates an understanding of spoken and non-spoken teacher expectations when presented within an appropriate context --labeling of objects --identify colors, shapes, numbers letters --telling about experiences	1.2 Use of visual aids showing children's houses with addresses; children's pictures with names attached. Language development games and activities, musical activities, show 'n tell; project-developed visual discrimination and sorting activity; use of bulletin boards to stimulate child interest in seasons, numerals and letters, local events, color discrimination; experience chart, Interest Centers. Use of appropriate LAP or some other developmental scale items.	1.2 Teacher observation of pupil performances. Project-developed criterion -- referenced test for language development; comparison of pre and post data obtained from developmental profile.
		1.3 50% of enrolled children will increase by 75% their motor skills as defined on their individual developmental profiles, skills such as: --holding pencils to make designs, letters, etc. --tie shoes, putting on shoes --zipping, buttoning, fastening, snapping --taking off and putting on wraps --brushing hair, teeth --washing face --using eating utencils, silverware --using musical instruments	1.3 Teacher demonstration of task. Teacher use of pictures showing how skill is to be performed. Teacher motorically guiding child through skills. Teacher listing of those motor skills parent interested in child performing and those teacher considers important to and for the child Use of appropriate LAP items.	1.3 Teacher observation of pupil performance. Records of pupil performance to be on file in director's office by March, 1974. Parental observation of child's activities in the home recorded by teacher during home visitations.

PROGRAM PLAN OUTLINE
FOR

Norfolk, Virginia

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		--stringing beads according to a predetermined pattern --use of blocks with a prescribed goal/objective --putting together puzzles --participation in games and activities involving motor development --feed himself		
		1.4 Each child by April, 1974, will visually discriminate between one among 10 objects according to such descriptive characteristics as size shape, color, texture, plurality, attitudes and dispositions, oppositional concepts such as: over-under up-down in-out, facial expressions, food differences household items, animals, plants, people, etc.	1.4 Use of pictures, prop box, objects placed on felt board, field trips, play materials (i.e. dolls) Teacher demonstration	1.4 Teacher developed criterion -- referenced checklist on visual discrimination tasks administered to chil BDS.
		1.5 Each child by April, 1974, will auditorily discriminate ten sounds such as: loud-not loud high-low singing-talking laughing-crying musical instruments animals	1.5 Use of records field trips pictures actual materials musical instruments Use of community personnel, i.e., firemen, policemen, and other community helpers	1.5 Teacher observation of pupil performance and recording of performance on checklist. BDS.

PROGRAM PLAN OUTLINE
FOR

Norfolk, Virginia

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		transportation vehicles sounds of household items safety sounds, i.e., train whistle car horn, police sirens		
		1.6 Each child by April, 1974, will demonstrate tactile sensitivity to 10 objects and/or items: silk velvet clothing materials solid vs. liquid hard vs. soft temperature differences surface differences, i.e., smooth rough liquids vs. non-liquids whole vs. separate items, i.e. broken	1.6 Use of pictures. Teacher explanation of differences. Use of actual materials. Pupil-material interactions.	1.6 Teacher observatio of pupil perfor- mance and recordi on a checklist of tactile discrimin- ation tasks BDS.
		1.7 Each child by April, 1973, associates ten items presented by the teacher. Examples: comb-brush toothbrush-paste shoe-sock hat-coat doctor-nurse fireman-fireman's hat police-badge nurse-nurse hat soap-water mother-father baby-milk bottle Christman tree-Santa Claus	1.7 Actual materials. Teacher demonstration. Pictures.	1.7-1.10 Teacher obser vation of pup il performance BDS. Records showing pupi performance.

PROGRAM PLAN OUTLINE
FOR

Norfolk, Virginia

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		1.8 Each child by April, 1974, classifies or sorts 10 items according to size, shape or other dimensions designated by the teacher. Examples: animals: domestic, wild, farm shapes colors sex race (plurality, oppositional concept)	1.8 Pictures Actual materials Teacher explanation	
		1.9 Each child by April, 1974, complete twelve closure tasks, i.e. connecting dots in a line, presented by the teacher. Examples: shapes — familiar designs numerals — animals letters — people	1.9 Flannel board with yarn Primary pencils Magic markers Mimeo paper Pictures Concrete drawings Peg board Yarn and cloth Field trips	
		1.10 Each child by April, 1974, sequences visual stimuli and auditory stimuli presented by teacher.	1.10 Pictures Teacher explanations Record player Audio-visual materials	
		1.11 75% of children by April, 1974, perform appropriate tasks identified in 1.3	1.11 See 1.3	
		1.12 By April, 1974, 50% of children will inform teacher of their toileting needs.	1.12 Teacher carries children to facilities at set, routine times every day. --teacher-child interactions on purposes of bathroom --Teacher-Parent conferences on	1.12 Daily reports on number of "accidents." Comparise of periodic, monthly records.

PROGRAM PLAN OUTLINE
FOR

Norfolk, Virginia

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
			pupil elimination habits --Pictures --Use of principles of behavior modifications, reinforcement, praise, punishment	
		1.13 50% of children by April, 1974, demonstrate a knowledge of 5 specific traffic signs, signals presented by teacher. Ex: Stop sign, Stoplight.	1.13 Materials Role playing Teacher explanation Field trips	1.13 Teacher questioning
		1.14 Each staff person involved in the instructional phase of the experimental effort demonstrate by January 20, 1974, the ability to use the LAP or some other developmental scale, write behavioral objectives, use LAP to write prescriptive instructional experiences, and evaluate pupil performance informally.	1.14 Workshops In-service Training by consultants and agencies	1.14 Records and lessons showing how the specified skills have been used.

PROGRAM PLAN OUTLINE
FOR

Parents
Norfolk, Virginia

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
2.0 Parents	2.0 To provide a planned program of experiences and activities, home and center related, which support and enhance the parental role as the principle influence in the child's education and development.	2.0 Each parent of an enrolled handicapped child by April, 1974, participates in at least one parent training conference concerning the teaching of parents to be teachers of their own children.	2.0 Parent-Teacher conferences Workshops State Parent meetings Use of municipal resources and agency personnel for workshops	2.0 Records showir the number, co tent and parti pants of each parent trainir workshop or co ference. Filed with director.
		2.1 Each parent by April, 1974, informed of those community agencies developed 1) to increase their employment skills, 2) to provide basic adult education, and 3) to assist in obtaining a high school equivalency certificate, if appropriate.	2.1 Development of listing of community agencies and services they offer. Dissemination to parents.	2.1 Records showir % of parents i formed, % who participated i agencies' serv
		2.2 Each parent of an enrolled handicapped child, by April, 1974, participates in at least five teacher-parent conferences designed to develop instructional experiences for their particular child.	2.2 Home visits Parent-Teacher meetings	2.2 Five teacher-p ent developed lesson descrip filed in direc tor's office.
		2.3 Each parent by April, 1974, receives at least five lessons (at home) to complement activities occurring in school.	2.3 Personal mailing and/or direct contact	2.3 Parent acknowl receipt of less BDS.
		2.4 Project personnel arrange for parents to accompany their child(ren) to medical and dental appointments.	2.4 Project makes appointments in conjunction with parents' schedules	2.4 75% of parents attend appoint

PROGRAM PLAN OUTLINE
FOR

Parents
Norfolk, Virginia

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		2.10 Parents and Teaching staff of experimental effort by April, 1974, participated in workshops concerned with basic principles of child development, including common behavioral and developmental problems of various handicapping conditions and skills of child observation.	2.10 Workshops, conferences, meetings, consultant visitations	2.10 Attendance records of conferences, workshops, etc. BDS
		2.11 Project personnel by April, 1974, develop for parent a listing of community agencies, their services, and eligibility requirements.	2.11 Identification and written descriptions prepared; personal delivery of listing to parents.	2.11 Teacher questioning of parents
		2.12 Upon approval, by parents, Head Start staff will make arrangements for parent(s) to establish contact with those community agencies that offer services the parent needs.	2.12 Head Start staff inquiry of parents; Liaison function by Head Start staff.	2.12 Records showing number and type of appointments made.
		2.13 As of April, 1974, there's a documentation of at least 75% of parents involved in the program's activities.	2.13 Home visitations; parent participation in decision-maker activities.	2.13 Appropriate records
		2.14 Appropriate project staff by April, 1974, received training in how to identify families in need of various social services.	2.14 Consultant-conducted workshop or conference. Local college social work Faculty conducted conferences	2.14 Attendance of Head Start sta in conference.
		2.15 To have by April, 1974, parents compose no less than 51% of the composition of any council, permanent committee, or board concerned directly with the experimental effort.	2.15 Recruitment of appropriate persons.	2.15 Committee designed BDS

PROGRAM PLAN OUTLINE
FOR

Parents
Norfolk, Virginia

ARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		2.5 Each parent by April, 1974, is informed of the procedure to use for sending messages to the project director and teaching staff and how messages will be forwarded to them.	2.5 Parent-Teacher conferences Home visits	2.5 Records showing parent and teache use of communication procedure BDS
		2.6 Project personnel by April, 1974, have a planned, continual training program for parents, staff, policy groups, and agency governing boards concerning their individual duties regarding goals/objectives of the Head Start programs.	2.6 Pre-service, In-service training programs, conferences and workshops	2.6 Records of attendance, content and scope o workshop BDS.
		2.7 Project by April, 1974, provided opportunities for parents to participate in activities designed to provide social and emotional support for the parent of a handicapped child.	2.7 Parent discussion groups. Parent-consultant private and group conferences Parent-medical authority conferenc Parent-teacher conference Counseling	2.7 Discussions and conferences plan ned and conducte BDS.
		2.8 Project personnel for the experimental effort by April, 1974, have met with and informed the Health Services Advisory Committee of its objectives and activities.	2.8 Meeting with Health Services Advisory Committee Presentation by representative(s) of E.E.T.	2.8 Minutes of meetin showing presentation made BDS.
		2.9 The H.S.A.C. by April, 1974, is informed by E.E.T. of any specific tasks it is expected to perform.	2.9 (same as above) Explaining proposed tasks of H.S. A.C.	2.9 Recorded tasks of H.S.A.C. and thei responses BDS

PROGRAM PLAN OUTLINE
FOR

Decision-Makers
Norfolk, Virginia

ARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
Decision-Makers	3.0 To enhance the quality of service delivery by making use of influential elements in the community. To identify, inform, and gain some degree of service committment by January, 1974, from those individuals, groups, and/or agencies who have some service or influence that could enhance the quality and effectiveness of the project.		3.0 Listing of persons, groups, etc. --Presentations of project's goals and objectives to these identified decision-makers; --Request letters of committment; --Continual contact with identified decision-makers	3.0 Records to show objective met BDS

PROGRAM PLAN OUTLINE
FOR

Decision-Makers
Norfolk, Virginia

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		3.1 To have a representative of the project's Policy Council present the goals/objectives of the experimental effort to one or more of identified decision-makers by April, 1974.	3.1 Identify a particular decision-maker to whom a presentation would be helpful; arrange for presentation	3.1 A presentation by a Policy Council member is made BDS
		3.2 To name an advisory board by January, 1974, for the program components directly effecting the experimental effort, i.e., education, health services, social services, psychological services, parent involvement.	3.2 Identification of persons and contact with persons who'll serve as board members.	3.2 Existence of a board(s) for each component BDS
		3.3 To develop a description of the duties, responsibilities, and behaviors of each advisory board. Examples: advisors, liaison with community and local merchants and decision-makers, advocates, meet and recommend/approve project's objectives and activities.	3.3 Analyses of objectives of the project and how the specific board can be of best service.	3.3 Written descriptions of job functions of board(s).
		3.4 To make contact by April, 1974, with those (at least 3) agencies, etc. who can provide continued support for project.	3.4 Identification of replication agencies. Presentation of program to replication agencies: --State Department of Education --public schools --private agencies Obtain some measure of in-kind contributions.	3.4 Identification, contact and presentations made BDS.

PROGRAM PLAN OUTLINE
FOR

Decision-Makers
Norfolk, Virginia

ARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		3.5 To disseminate descriptive data on the project decision-makers, community and regional resource agencies, local colleges, etc., state department agencies.	3.5 Newsletter Personal presentations Written materials, i.e. brochures	3.5 Documentation of information, requests received and manner in which it was answered.

INTERVENTION

Some of the methodology used to "teach" the children is included in the following:

Behavior Modification
Open Classroom -- wherein child regulates and paces experiences
Discovery Learning
Interest Centers
Prescriptive Teaching in Structured Format
Task Analysis
Montessori -- learning via prepared environment
Therapeutic
Parent as Instructor
Teacher as Facilitator

The child's time is spent primarily in a one-to-one interaction with an adult (30% with teachers, parent instructors, etc.) and 20% with materials.

STAFF ROLES AND SKILLS

The staff of the Experimental Program consists of a Project Coordinator, Family Counselor, a paraprofessional Social Worker and a Clerk Typist. The Project Coordinator will have the general responsibility for the coordination of all project's actions, development of educational activities in the home and classroom that meet the individual special needs of the handicapped children, and identification and coordination of outside resources. The Family Counselor will work with meeting the needs of the family in between understanding the child, development of desired attitudes, and areas that are designed to improve the total family environment through identification and use of other community resources. The social service worker will have the primary responsibility for seeing that the child and family have the means of taking advantage of those community resources that are identified as being capable of providing assistance to meet the family's needs. The clerk-typist will be generally responsible for maintaining records, typing and other office duties as will be deemed necessary.

See the following pages for specific job descriptions.

I. JOB TITLE - PROJECT COORDINATOR OF EXPERIMENTAL PROJECT

II. SUPERVISOR - ADMINISTRATOR FOR CHILD DEVELOPMENT

III. SUPERVISEES - FAMILY COUNSELOR AND SOCIAL SERVICE WORKER

IV. DUTIES AND RESPONSIBILITIES -

1. Administer the overall operation of the Experimental Project.

2. Develop inidividual curricular for each child on basis of needs.

3. Develop and maintain a developmental scale on each child enrolled to determine when he/she is ready to be enrolled in a regular Head Start Center.

4. Follow-up a child enrolled in a regular center and confer with Head Start Director regarding classroom activities for child.

5. Develop a reporting system which will give an up-to-date record of agency, child, and family contacts.

6. Establish procedure for continuous review and evaluation of all aspects of the program.

V. QUALIFICATIONS -

B.S. in Early Childhood, Special Education, or Related Field

AND

Two (2) years experience as supervisor in Early Childhood Program

I. JOB TITLE - SOCIAL SERVICE WORKER

II. SUPERVISOR - PROJECT COORDINATOR OF EXPERIMENTAL PROJECT

III. SUPERVISEES - NONE

IV. DUTIES AND RESPONSIBILITIES -

1. Responsible for recruitment of those children referred by local agencies serving handicapped children or through other sources.

2. Provide pre-admission orientation to families of children enrolling in the project.

3. Assess family needs, make referrals to appropriate agencies, and provide follow-up services.

4. Transport enrollees and parents to medical appointments, program meetings, and other agency appointments as needed.

5. Assist families in obtaining necessary credentials to enroll child in a regular Head Start program.

6. Follow-up absentees of child transferred to regular classroom until child is phased completely into regular program.

V. QUALIFICATIONS -

High School Diploma with six (6) semester hours in job related courses

AND

Two (2) years experience in a pre-school program as a field worker or teacher.

I. JOB TITLE - FAMILY COUNSELOR

II. SUPERVISOR - PROJECT COORDINATOR OF EXPERIMENTAL PROJECT

III. SUPERVISEES - NONE

IV. DUTIES AND RESPONSIBILITIES -

1. Initiate through a local resource a pre-diagnostic test of all children enrolled in the project.

2. Discuss results of test with child's family, and plan activities to work with child at home with the assistance of the Project Coordinator.

3. Follow-up child's progress at home, and determine when another diagnostic evaluation is feasible.

4. Make referrals to community services for handicapped children.

5. Keep accurate records of child, family, and agency contacts.

6. Maintain a complete medical and dental record on each child.

V. QUALIFICATIONS -

B.S. in Sociology, Psychology, and Nursing

AND

One (1) years experience in field work

COMMUNITY AND REGIONAL RESOURCES

Technical Assistance Provider and Type of Technical Assistance Delivered/ To Be Delivered:

Agency	Services
Mental Health	In-service Training in Need Areas
Portsmouth Health Department.....	Referral of Children to Appropriate Service Agency
Child and Youth Clinic	Speech Therapy; Psychological Services Health Services
Tidewater Association for Retarded..... Children	Education Services for Staff Development: Pre-service, In-service Training Workshops on variety of handicapping conditions
Child Development Clinic	Child Evaluation and Diagnostic Referral Agencies
Old Dominion University Child..... Study Center	Staff Development, In-service Training
Hampton (Va.) School for the Blind.....	Staff Education Services
Tidewater Rehabilitation Center.....	Variety of Therapeutic services (occupational, recreational, etc.) Dental Facilities Speech and Hearing Neurological Educational Development for Staff
King Daughters Children's Hospital.....	Medical Consultation
Norfolk Public Health Department.....	Medical Referral
Norfolk (Va.) State College	Instructional Materials Staff Development Workshops
Norfolk City Schools	Referrals
Chesapeake Public Health	Referrals
Kurt Cones Rehabilitation Center	Staff Development: Educational Services Facilities and Materials Sources
Portsmouth Holiday House	Educational Services for "residentially handicapped." Receiver for project referred children
Color-Craft (photo agency)	Instructional Materials and use of Materials
Local Commercial Merchants	Carpeting, Use of Materials
STOP Organizational Component Technical Assistance Development System	
Virginia Beach Library System	Literature prepared specifically for various handicaps, i.e., books in braille

COMMUNITY AND REGIONAL RESOURCES

Outside Consultants: Private Persons Not Representing an Agency:

Title	Tasks
Physician	Family Counseling Identification of Available Community Services Referral
Industrial Arts Consultants	Development of Instructional Experiences in Area of Industrial Education
Nurse	Health Practices for Children

Referral Agencies:

The Norfolk Child and Youth Project
Tidewater Child Development Clinic
Community Mental Health Center and Psychiatric Institute
Crippled Children's Bureau
Norfolk Health Department
Portsmouth Health Department
Virginia Commission for Visually Handicapped
Tidewater Rehabilitation Institute
Kurt Cones Rehabilitation Center
Tidewater Association for Retarded Children
Greater Tidewater Epileptic Foundation
Tidewater Association for the Hearing Impaired

Technical Assistance Agreement Outline

Norfolk, Virginia

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE-EVALUATION PLAN
0 An educational plan showing the project's curricula, objectives, activities, sample lesson plans, etc. SCI	1.0 A comprehensive curricula plan showing the year's activities (instructional) with lesson plans for each outcome objective applicable for use by the project and the child's parent(s). The lesson plans (at least 4 sample plans) will show how four different lessons can be taught, each across the following curricula areas: --motor development: gross and fine --perceptual development: visual, auditory, tactile --language: receptive and expressive --social and/or self-help skills	1.0 Consultant cooperatively develops the curricula plan from the program plan outline with the Head Start Experimental Team by November 15, 1973. 1.1 TADS will provide personnel and/or materials sufficient to assist in developing the plan by November 20, 1973. 1.2 Project forwards the completed educational plans to TADS.	1.0 Existence of an educational plan by November 15, 1973.
0 The experimental team gains competence in using the Learning Aptitude Profile (LAP) SCR	2.0 The experimental team, by December 1, 1973, can construct developmental instructional experiences for the children based on data obtained from administering the LAP.	2.0 TADS arranges for a 1-day site visit of project to the Chapel Hill-Carrboro Outreach Project. 2.1 TADS finances travel of 3-member team.	2.0 Lessons used in the project show a developmental relationship based on LAP derive data.

Technical Assistance Agreement Outline

Norfolk, Virginia

TECHNICAL ASSISTANCE STEPS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
.0 Identification of all forms records, checklists specified in the Program Plan Outline. SCI	3.0 To develop by November, 1973, all records, forms, etc. needed to document the project's activities.	3.0 Project personnel names those records needed, giving purpose of each. 3.1 Once records identified, project contacts TADS 3.2 TADS will provide consultative assistance in the development of forms, etc.	3.0 Records, etc. in use by November 15, 1973.
.0 Identification of the responsibilities of a member of a decision-making committee. SCR	4.0 To develop and disseminate to all board members by December 1, 1973, a copy of his/her duties as they relate to the experimental effort.		

PROP HEAD START

People's Regional Opportunity Program
for Exceptional Children
Portland, Maine
Mr. Phillip Butterfield, Coordinator

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PHILOSOPHY

The basic philosophy is one of prevention, i.e., early diagnosis and remediation. This is clearly the most efficient and least costly mode of operation. The project will attempt to remediate a handicap to prevent it from becoming compounded with emotional and other complications which would vastly increase both the damage and suffering involved. The approach will be developmental: the aim being to integrate the handicapped child into as normal a preschool and school situation as possible to avoid placing him in special schools or classrooms. Home programs, participation of parents in the education of their child and supportive counseling will be integral parts of the program. These assume special importance, since a child's ability to positively respond to a remedial program is significantly influenced by the parent's ability to complement school activities with "at-home experiences".

An integrated program has other advantages as well - the handicapped child sees appropriate behavior modeled and the non-handicapped child learns to accept and live with those different from himself. An integrated program also has advantages for parents. They have the opportunity to see their child as a child rather than a case. An integrated setting is considerably less threatening to the parents of handicapped children.

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
1. Children with following handicaps: speech and language delayed, emotional, physical, EMR, TMR, hearing impaired, visually and/or perceptually impaired, and learning disabilities.	1. To enhance each child's development so that he or she may function much more adequately within his or her environment, thus increasing independence.	1.0 To increase the rate of development of gross motor skills in 80% of the children.	1.0 Developmentally sequenced activities 1.1 Individual lessons within an open classroom 1.2 Activities from Weekly Sensory Motor Training Program 1.3 Activities from Kephart's program 1.4 Equipment: tricycles, climbing apparatus, swings, balance beam, obstacle course group games 1.5 Physical therapy? 1.6 Teacher-to-Teacher Conferences 1.7 Teacher-Parent Conferences 1.8 Consultants	1.0 Pre-Post comparison of rate of development as measured by: a) L.A.P. b) Informal assessment
		2.0 To increase the rate of development of fine motor skills in 80% of the children.	2.0 Developmentally sequenced activities 2.1 Individual lessons combined with an open classroom approach 2.2 Activities from Frostig and Kephart	2.0 Pre-Post comparison of rate of development as measured by: a) L.A.P. b) Informal assessment

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
			2.3 Activities from School Before Six and Lexington Kindergarten Curriculum Guide 2.4 Activities to improve writing, cutting, copying shapes, bead stringing, pegs and pegboard, puzzles 2.5 Same as 1.6, 1.7, and 1.8	
		3.0 To increase the rate of development of expressive language skills in 80% of the children.	3.0 Developmentally sequenced activities 3.1 Individual lessons within an open classroom 3.2 Experiential language approach: a) Teachers ask children many questions about actions and things within environment. b) Language activities during normal daily routines and activities 3.3 Library corner 3.4 Story time 3.5 Activities from Human Development Program (HDP), Magic Circle, School Before Six 3.6 Same as 1.6, 1.7, and 1.	3.0 Pre-Post comparison of rate of development as measured by: a) L.A.P. b) Informal assessment

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
75		4.0 To increase the development of receptive language skills in 80% of the children.	4.0 Developmentally sequenced activities 4.1 Individual lessons incorporated within an open classroom 4.2 Auditory activities to improve auditory memory, auditory figure ground, auditory directionality, auditory discrimination a) loud - soft b) identification of environmental sounds 4.3 Following 1, 2, and 3-step directions 4.4 Teacher gives some verbal stimulus that requires an appropriate verbal or motor response from the child. 4.5 Teacher describes and interprets actions of child. 4.6 Story time 4.7 Activities from HDP 4.8 Activities from Sound Order Sense by Eleanor Semel 4.9 Same as 1.6, 1.7 and 1.8.	4.0 Pre-Post comparison of rate of development as measured by: a) L.A.P. b) Informal assessment

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		5.0 To increase the development of perceptual skills (visual and tactile) in 80% of the children.	5.0 Developmentally sequenced activities 5.1 Individual lessons incorporated within an open classroom 5.2 Activities from Frostig and Weekly Sensory Motor Training Activities 5.3 Matching, sorting, discriminating differences in pictures, shapes, textures, temperatures 5.4 Activities to improve figure ground, perceptual constancy, perceptual closure, perceptual flexibility. 5.5 Same as 1.6, 1.7, and 1.8	5.0 Pre-Post comparison of rate of development as measured by: a) L.A.P. b) Informal assessment
77		6.0 To increase rate of development of conceptual or reasoning skills in 80% of the children.	6.0 Developmentally sequenced activities 6.1 Individual lessons incorporated within an open classroom 6.2 Activities from School Before Six 6.3 Science and math interest centers	6.0 Pre-Post comparison of rate of development as measured by: a) L.A.P. b) Informal assessment

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
			6.4 Concept units or themes ex. Concept is hygiene. a) Association activities --soap and water b) Classification activities-- c) Sequencing --turn water on, wash hands, turn off water d) Analogies--soap is to wash cloth as tooth paste is to tooth brush 6.5 Same as 1.6, 1.7 and 1.8.	
79		7.0 To increase rate of development of social and emotional skills in 80% of the children.	7.0 Free play 7.1 Deamatic play 7.2 Routine tasks and activities 7.3 Activities from School Before Six 7.4 Activities that improve attention span, initiation of interactions, completion of tasks, etc. 7.5 Same as 1.6, 1.7 and 1.8.	7.0 Pre-Post comparison of rate of development as measured by: a) L.A.P. b) Informal assessment

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		8.0 To increase rate of development of self-help skills in 80% of the children.	8.0 Experiential approach: done at the time when the child would normally be dressing, eating or toileting. 8.1 Developmentally sequenced activities 8.2 Activities in dressing, eating, toileting, brushing teeth, bathing	8.0 Pre-Post comparison of rate of development as measured by: a) L.A.P. b) Informal assessment
		9.0 To increase the amount of time spent in the program each day for those children who begin the program on a limited time basis.	9.0 Developmentally sequenced activities 9.1 Successful experiences 9.2 Increase time very gradually 9.3 Increase skills	9.0 Documentation of attendance
81				
Head Start Staff	To increase knowledge and skills of staff, thus enabling them to improve skills in young children and enhance their environment	1.0 _____ of the staff will participate in staff training.	1.0 Head teachers will attend U. of Maine course in teaching the exceptional child and receive credit for course. 1.1 Head teachers will train supportive staff--aides, cooks, case workers, volunteers, bus drivers 1.2 Lectures, workshops and discussion	1.0 Attendance records of training sessions
				82

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
			1.3 Use of films and videotapes 1.4 Training in assessment and training procedures, prescriptive teaching, record keeping, report writing 1.5 Training for cooks in budgeting, buying, planning	
		2.0 To develop a basic outline for packaging curriculum activities for children, staff training activities, and parent training activities.	2.0	2.0 Existence of plan or outline by July, 1974.
arents or par- nt substitutes f handicapped hildren	1.0 To provide for information exchange between family and staff members.	1.0 To establish a concrete mode of communication between parents and teachers.	1.0 Questionnaires to parents thus making them a part of the diagnostic team 1.1 Questionnaire on background information of child 1.2 Share with parents the results of the diagnostic team 1.3 Inform parents about program and classroom activities which pertain to their child.	1.0

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
			1.4 Parent meeting with Special Educator which covers topics decided by parents	
			1.5 Parent group run informally	
			1.6 Parent-Teacher Conferences (3 conferences)	
	2.0 To provide social and emotional support to families of handicapped ch children.	2.0 Each parent or parent representative will attend 3 parent meetings during the year.	2.0 Workshops, ex., making toys	2.0 Documentation of attendance at parent meetings
			2.1 Meeting discussing common feelings and problems	
			2.2 Individual and family counseling provided by local agencies	
			2.3 Parent teacher conferences	
85			2.4 Home visits by head teacher	8
	3.0 To increase present participation in the program.	3.0 To have parents who are available participate in or contribute to various aspects of program.	3.0 Parents are part of diagnostic team	3.0 Document in files number of hours of wor by volunteers, etc.
			3.1 Participant in development of child's program	3.1 Parent questionnaire indicating time participated in project
			3.2 Members of policy council	3.2 Teacher summary of parent involvement

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
			3.3 Teachers' aides	
			3.4 Cooks	
			3.5 Social case workers	
			3.6 Bus drivers	
			3.7 Fund raisers	
			3.8 Volunteers	
			3.9 Lobbyists	
	4.0 To enhance parent-child interaction.	4.0 To provide home programs to parents or parent substitutes.	4.0 Have program developed for every child by team leader (head teacher), diagnostic team, and parent.	4.0 Keep copies of programs in file.
			4.1 Training of staff	4.1 Parent-Teacher Conferences to discuss program
Decision Makers	1.0 To coordinate services for handicapped children and their parents.	1.0 To develop a list of community agencies and resources and their contributions by Jan. 1, 1974.	1.0 Parents placed on boards of other programs and agencies.	1.0 Existence of list by Jan. 1, 1974.
			1.1 Telephone calls	
			1.2 Letters	
			1.3 Staff time to organize list	

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		2.0 To develop an alliance of agencies who will cooperatively attack common problems.	2.0 Telephone calls 2.1 Letters 2.2 Talk informally 2.3 Meetings	2.0 Document meeting of alliance, document structure, document participants
		3.0 To provide public schools with information about children who participated in the program.	3.0 Consultation with teachers and school administrators 3.1 Make available to schools those materials used with children. 3.2 Invite school personnel to visit program. 3.3 Discuss with schools how records will be used. 3.4 Send records including anecdotal records, health records, individual prescriptions 3.5 Will not send I.Q., information on parents' social and economic problems. 3.6 Parents must give permission to send records.	

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		4.0 To establish contact with local and regional elected representatives.	4.0 Newsletters 4.1 News coverage of visit 4.2 Invitation to visit 4.3 T.V. coverage of visit 4.4 Sign a ledger of visitation. 4.5 Take pictures of representative at project site.	4.0 Documentation contacts kept on fi
		5.0 To disseminate the project's activities to at least 15 identified groups or persons	5.0 Newsletters 5.1 Policy council 5.2 Parents 5.3 News release 5.4 4-Cs 5.5 State Health & Welfare 5.6 Slides	5.0 Ma. ing list o persons ontacted 5.1 Policy council staff acting as mem on other boards.
		6.0 To develop a slide-tape which describes project by June, 1974.	6.0 Take slides. 6.1. Write script. 6.2 Choose target audience.	6.0 Existence of slide tape by June, 1974

Program Plan Outline
for

Portland Head Start

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
			6.3 Estimate running time for program.	
			6.4 List equipment to be used.	
		7.0 To develop a videotape of diagnostic procedures by June, 1975.	7.0	7.0 Existence of videotape by June, 19
		8.0 To arrange for various identified target groups to view project activities.	8.0 Invite public schools.	8.0 Documentation of contact.
			8.1 Send letters.	
			8.2 Personal contact	
		9.0 To develop a list of responsibilities of members of policy council.	9.0 Staff meetings	9.0 List of responsibilities kept on file
			9.1 Policy committee meetings	
			9.2 Discussion of roles	
			9.3 Identification of role possibilities	
			9.4 Selection of roles	

INTERVENTION STRATEGY

Recruitment and Identification of Handicapped Children

Children are recruited in the following ways:

(a) referrals from other agencies

(b) through notifications in mass media

(c) through schools

(d) through the regular H/S recruitment drive

Identification is made by clinics, doctors and through general screening processes at the time of admittance to the program. This screening process includes:

(a) a medical and dental examination

(b) Parents reports - Early History questionnaire and/or Play History report

(c) developmental screening

(d) classroom observations

A curriculum plan will be developed to meet the needs of each child in the program. Scheduling and attendance will be flexible and will include individual and/or group activities. These sessions will be planned in accordance with the needs of the child and the program's ultimate goal of integrating the children into a regular classroom program.

Children unable to participate in classroom activities because of severe handicapping conditions will be seen on an individual basis during times that class is not in session. They will gradually be introduced to a classroom situation as their particular condition permits. The best interest of the child will always be kept in mind.

Some services that will be available to handicapped children will be speech therapy, occupational therapy, physical therapy, psychological services, pediatric services, dentistry, nutritional consultation and a summer remedial program for children who need the extra help. Balance (a happy combination of therapy, group plan, rest and food) is the key to determining the time a child will spend in special services, particularly since, at the moment, most of the children will have to be transported to these services. A "rough guess" would be between 15 minutes to an hour a day, depending on the needs of the child. Although special services will have a high priority on the day's schedule, they will not be allowed to overshadow other developmental needs of the child.

Parent-Family Participation

Parents of the handicapped children are involved in the program in the following ways:

(a) In the development of the diagnosis and plan for the child through parent questionnaires, home visits, and conferences.

(b) In the development and carrying out of the home program (planned jointly with the team leader or consultant).

(c) Carrying out activities in The Mother-Child Home Program.

(d) As a volunteer, aide, or observer in the center.

(e) As a member of the center parent group.

(f) As a member of the Policy Council.

Many community programs are available to our parents, i.e. March of Dimes "Parent to Parent" where parents of a child with a with specific handicap can meet together with other parents whose children are similarly affected.

STAFF ROLES AND SKILLS

Educational Supervisor

(The Educational Supervisor is a registered occupational therapist with experience organizing and directing programs for handicapped children)

He is responsible for:

a) Teacher supervision

b) Teacher training

c) Curriculum development

d) Parent education in child growth and development

e) Specialized services for the handicapped (physical therapy, speech therapy, transportation, etc.)

Program Director

Health: Medical and Dental Services

Agency referrals, coordination and follow-up.

Coordination and implementation of total program.

Project Manager

On a consultant basis, will be the Head Start Director of the lead agency on the recommendation of the cluster group and the PROP Policy Council. He will be responsible for:

a) Coordinating the negotiations of

individual agencies' number of handicapped children and report the same to the regional office

b) Contracts with agencies and consultants

c) Finalizing training proposal by September, agreeable by the Cluster

d) Reviewing program being operated by individual agencies with the proposal funds

e) Adjusting funds available to each program as worked out by the Cluster, based on need, availability of resources, number of handicapped children being served, etc.

f) Chairing any cluster meetings

g) Sending out various information becoming available to the Cluster.

Social Services Coordinator

Responsibilities:

a) Health: Medical and Dental Services

b) Mental Health

c) Social Services: Recruitment and intake

d) Agency referrals, coordination and follow-up

e) Family Counseling

f) Group work with families

g) Parent involvement: Policy Groups

h) Consumer education

	i) Parent activities
	j) Parent education and participation in educational activities
Nutrition Consultant	Responsibilities:
	a) Food service program
	b) Nutrition education
	c) Training for Food Service Workers
Teachers/Team Leader	Responsibilities:
	a) Educational component
	b) Home visits
	c) Parent education and participation in child development
Child's Helper	Classroom Actitivities
Social Case Worker	Home Visits
Cook	
Bus Driver	

Diagnostic Team and the Assessment and Diagnostic Procedures

Assessment to determine a child's handicapping condition is rendered by a team that meets weekly. This team consists of two resource teachers, one special education consultant, the social services coordinator, the therapeutic nursery consultant, an occupational therapy consultant, a consultant from the local speech and hearing clinic and the program coordinator (an occupational

therapist). Classroom staff and other consultants are included as appropriate and available. The function of this team is to review reports of individual children (medical, parent, early history, social speech, occupational therapy, physical therapy and developmental profile) to discuss and formulate objectives and make suggestions to the classroom staff for planning and implementation in the classroom and in the home program. Reports are summarized and shared with parents and classroom staff. Progress is reviewed at regular intervals and referrals for appropriate services are made as advised.

This procedure allows us the program to coordinate and insure delivery of the services recommended by the various community services they utilize. They have been working closely with other educational and health agencies to develop a medical diagnostic service to coordinate medical information and obtain the appropriate diagnostic label necessary to meet OCD requirements.

Technical Assistance Agreement Outline

Portland, Maine

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
1.0 Identification and development of records needed to document the activities of the project to form a communication system. SCR SPPE	1.0 To develop by July, 1974, a preliminary system of record keeping to facilitate communication between and among project staff and consultants.	1.0 Project identifies records, etc., needed to document the activites of the project. 1.1 Minimize the duplication between records presently in possession of project and those needed to document project activities. 1.2 Group "needed" records according to general category, i.e., children, parents, decision-makers, and best location for data, i.e. local center, central office. 1.3 Determine most appropriate time schedule for obtaining various types of data. 1.4 Determine how data is to be analyzed and tabulated for evaluative purposes, and who is responsible for specific recoding of various types of data. 1.5 Determine where data is to be forwarded and when. Project and Consultant Perform these Tasks.	1.0 Record keeping system force by December 15,

101

102

Technical Assistance Agreement Outline

Portland, Maine

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
		1.6 TADS will identify a consultant by November 31, 1973 and will finance consultant travel and expenses for five (5) days.	
2.0 Assistance in developing developmentally appropriate lessons reflective of identified child needs by July, 1974. SCI	2.0 To develop by July, 1974, lessons that are developmentally appropriate for handicapped children in an open classroom setting populated with normal children, i.e., scheduling of children, some elements of individualized instruction.	2.0 Project staff attend project identified and -financed workshop, conferences, etc. by June, 1974. 2.1 TADS staff person(s) visit project to conduct workshop on 6-7 December, 1973 (tentative according to schedule of project) or the 11th-14th December, 1973 (consider size of audience). 2.2 TADS staff person visits project to cooperatively develop said developmental lessons by July, 1974.	2.0 Participation in worksh etc. 2.1 Existence of lessons BD Satisfactory to the pro
3.0 A preliminary educational plan of the project's comprehensive curricular activities by July, 1974, which is primarily designed for project use only (not to be exported). SCI	3.0 To develop a comprehensive educational plan that specifically identifies 1. each target group 2. goals per target group 3. outcome objectives per goal 4. at least four lesson plans per outcome objectives that are behaviorally stated and evaluated, activites, etc. These lesson plans are designed for teacher and parent use.	3.0 TADS staff-person or some other appropriate person assists project in development of comprehensive plan.	3.0 EP--BDS

Technical Assistance Agreement Outline

Portland, Maine

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
	5. a comprehensive listing of activities pertinent to achieving objectives (outcome). 6. evaluation procedures	3.1 TADS finances expenses of individual or has consultant visit project (whichever is most financially feasible) no later than 20-21 March, 1974.	

COMMUNITY AND REGIONAL RESOURCES

The community will be made aware of Head Start services to handicapped children through television, radio, newspaper, posters, public schools, public health nurses, well-baby clinics, social services programs, local mental health centers, the various clinics at the Maine Medical Center (The Pediatrics Clinic, Neurological Clinic, Dental Clinic, and the Department of Physical Medicine), local doctors serving the low income population, Northeast Speech and Hearing Clinic, Pineland Hospital (for emotionally disturbed and mentally retarded), Therapeutic Nursery, Portland School for the Blind, Project Maine Stream (a program for preschool handicapped children in Cumberland), the Cerebral Palsy Center, Baxter School for the Deaf, Mental Health Clinic, School Resources and North Cumberland County Hospital in Bridgeton.

"THE USE OF VIDEO-TAPE RECORDING PROTOCOL WITH HANDICAPPED CHILDREN IN THE HEAD START PROGRAM"

Opportunities for Otsego, Inc.
Cooperstown, New York 13326
Esther C. Fink, Director

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PHILOSOPHY

The basic premise on which the Project was designed and developed is: We will look first at each child as a child; not as cerebral palsied, not as emotionally disturbed, not as mentally retarded, not as a problem, but as a child; and as a child he may have needs. It should be understood that the proposed services are to take place within the context of the already existing Otsego County Head Start Program.

The very nature of the Head Start Program provides the framework for a successful project. Head Start Programs have a broad representation of persons on their parent policy councils and on the board of the Community Action Agency. The broad representation gives the agency access to all sectors of the community. Further, the parents of Head Start children are encouraged to involve themselves in the program. Parent participation facilitates the parental aspect of the program. A final aspect of Head Start that facilitates delivery of services is the individual nature of Head Start instruction. As a complete child development program, it concerns itself with each child's growth and development in the areas of education, health (medical, dental, nutritional, mental), social services and involvement of parents. Handicapped children are already, and will continue to be, served within this framework, as is every child in the program.

To ensure maximum benefits for these special children and their families, the Project emphasis is focused on: quality services, pre-admittance work in the homes. In the center there is orientation of parents to their children's special needs. It is an extremely workable concept: based on the needs of each child as found, the current stable program, the existing staff and their capabilities, the cooperation of, and with, the child's family, the realistic community situation.

The Project will ensure:

(a) Specialized services available to the special child depending on the needs of that child, consultant and professional time and availability, and the coordinated efforts of staff with the child.

(b) Home visits by the child services assistant, coordination of the transfer of the child to the center and extra help during this period.

(c) Remedial and/or special work with the child at the center depending on the severity of the need and the prescriptive program for that child.

(d) Video-taping of the child, accumulation of data on him; identification of problems and evaluation of his progress; parent and staff training based on this.

(e) Being the child's advocate and following up on his transition to, and progress in, public school or institution, which will necessarily take time, concern, and close work with the child, his family, and other institution.

Another purpose of a demonstration project is to test the feasibility of various means of addressing new social service questions. A second aspect of demonstration projects is to provide a clear statement of activities to facilitate replication of program activities. The Otsego County Head Start Program has attempted to comply with these purposes by clearly identifying activities and products of those activities. The Program, with its broad contacts through OCD, hopes to be able to widely disseminate project results. Hopefully, the ability to disseminate findings widely through the Head Start public information machinery is the greatest opportunity of all in the struggle to upgrade the education of children with handicapping conditions.

PROGRAM PLAN OUTLINE
FOR

Children -- Cooperstown, NY

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
-5 year old andicapped ead Start ildren	The crisis tean will improve the quality of formal educative experience encountered by handicapped children by attending to those behavioral characteristics that inhibit the child from performing to his maximum in the areas of communication, adjustment and learning.	1.0 To periodically assess each child by means of video-tapes to identify from observation of child behavior any abnormalities.	1.0 Video-tape recordings --data on child obtained by parents and staff --medical evaluations --observation records of staff --pertinent data from other agencies --use of a diagnostic team, a bank of specialists to identify and/or confirm a handicap	1.0 Data to identify and/or confirm handicapping condition by April, 1974.
		1.1 To develop an interventionary plan from the assessment data.	1.1 Interaction between and among pertinent staff	1.1 Intervention plan developed and used.
		1.2 To improve gross motor development as it relates to an accompanying behavioral problem.	1.2 Activities that can be integrated into normal daily tasks.	1.2 Gross motor skills improved by
		1.3 To improve fine motor development as it relates to an accompanying behavioral problem.	1.3 Fine motor activites that can be extracted from the socialization experience(s) in which the behavioral problem is most often noticed.	1.3 Teacher staff observations concerning whether child can perform the fine motor skills used.
		1.4 To identify communication ability and process for need and type of interventionary strategy needed to achieve what staff agrees is an appropriate intervention.	1.4 Referral Language stimulation Receptive language --determine major sensory areas of reception for communication --determine how he is expressing under which situations he is or is not expressing. --determine what you want the child to do (via the sensory areas)	1.4 Records to show improvement such that crisis team is needed on a lesser basis

PROGRAM PLAN OUTLINE
FOR

Children -- Cooperstown, NY

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
			--plan set of experiences to get child to communicate in the manner you wish environmental teacher child --continual assessment --situational observations, i.e., eating periods, formal and informal settings, objects, environmental, people --parameters of behavioral observations --protocol	
		1.5 To identify inappropriate adjustment patterns, their location, and prepare a prescription.		
113		1.6 To identify learned behavior using the total group behavior as a criterion.	1.6 Staff observations Video-tape reviews	1.6 Staff/observer agreement that havior has been learned; written statements
		1.7 To assist the staff in identifying handicapping conditions and preparing experiences for remedial purposes.	1.7 Video-tape observations Staff interaction conferences Workshop interactions with consultants Agency-agency interaction.	1.7 Observation of staff execution prescription. Staff written Video-tape

114

PROGRAM PLAN OUTLINE
FOR

Parent Program -- Cooperstown I

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
Parents of children in the program	1.0 Information exchange	1.0 80% of the mothers and/or fathers of the children in the program will attend 80% of the scheduled parent conferences.	1.0 Parent-staff conferences	1.0 Anecdotal recor of conference a home-visit part cipation.
		1.1 80% of the mothers and/or fathers will participate in the home based portion of the program.	1.1 Crisis team - parent conferences 1.2 Home visits - mobil van	
	2.0 Social and emotional support.	2.0 Complaints of child's behavior will decrease 20% over baseline data collected on parental complaints	2.0 Workshops involving staff and parents	2.0 Frequency count of parent compl to staff on chi behavior.
		2.1 Favorable comments about their child and the program will increase by 40% over baseline data on parents' reactions.	2.1 Individual consultation 2.2 Parent participation activities	2.1 statements by pa ents 2.2 Parent-staff int actions.

PROGRAM PLAN OUTLINE
FOR

Parents - Cooperstown, NY II

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
Parents	To increase parent participation	1.0 The mothers and/or fathers of program children will devote 2 hours per month to program activities	1.0 Volunteers --policy board members --special task forces	1.0 Anecdotal reco --parent comme --parent confe --number of ho visits --volunteer ti
		1.1 70% of the at-home parents will spend 4 hours per month in aiding in classroom activities.	1.1 Provide assistance to the staff by means of observations, aides, data collectors, etc.	
		1.2 70% of the parents (mother and/or father) will attend sessions involving video-taping of their children.	1.2 Viewers of video-tapes.	

PROGRAM PLAN OUTLINE
FOR

Decision-Makers - Cooperstown, NY

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
Community, interested groups and individuals	1.0 Demonstration	1.0 The project will present demonstrations of project to 95% of the pertinent requests for such	1.0 On-site visitations 1.1 Local presentations 1.2 News releases 1.3 Information sharing	1.0 Records of presentations
	2.0 Dissemination of information	2.0 The program will develop an information dissemination package.	2.0 Video-tape with written materials, newsletters, personal contacts	2.0 Existence of package.
		3.0 The program will develop a resource file: county and regional	3.0 Resource file Personal and telephone contact	3.0 Existence of file of letters of committment.
		3.1 The program will increase the number of people on their mailing list		3.1 Increased mailing list.

INTERVENTION STRATEGY

The target population served by the Experimental project are the handicapped children that have been identified in the regular Otsego County Head Start Program. In the fiscal year 1973, 43% of the Head Start students had handicapping conditions. The extremely high percentages of handicapped children occurred in the normal course of events without any recruitment efforts aimed at the handicapped.

The Otsego County Head Start Program has an opportunity to demonstrate a means of providing educational services to children with special needs in the milieu of the classroom for non-handicapped students. The use of video tape recording as a means of observation has widespread implications in individualizing the observation process and in sharing the process. The immediate nature of the prescriptions based on this observational method enables staff to start working immediately with the child, with techniques suited to his individual needs; the observations and evaluations are on-going; the tapes can be taken to the specialist and/or team of specialists. The use of the Video Tape Protocol gives the Program the opportunity to demonstrate a method of diagnosis and on-going evaluation that may be particularly suited to the needs of rural social service agencies. The video tape allows a group of widely dispersed professionals to all view the same behaviors, thus complimenting written and verbal reports, to provide some standardized means of diagnosis. The video tape may be one way of coordinating services for communities that are removed from the urban scene and for agencies that have to cover a wide geographic region.

The rural setting of the project affords an opportunity to demonstrate how the personalized nature of relations between agencies affects cooperation

among the agencies. In a rural setting, persons representing different agencies usually know each other personally, facilitating communication and cooperation. For example, the Otsego County Human Services Council, composed of representatives from all the area's helping agencies, is a core of persons who know each other well enough to depend on personal phone calls, or requests, as a basis for mutual action. This personal nature of professional relationships has very positively helped to increase the awareness of the services being made available for pre-schoolers with handicapping conditions.

The most important aspect of the Special Services Project is the intervention with the special needs child. The intervention process has included using the video tape protocol to identify handicapping conditions, selecting the appropriate intervention strategies and materials, locating teaching resources, tracking the behaviors of the child to note changes, and working with the center staff. This process is continually changing to meet the child's changes in needs.

The Needs Assessment, Screening, and Diagnostic Procedures

Selection

Selection of the child will be based on the information given by the parents on the regular Head Start recruitment form, plus the observations and notes of the Nurse/Social Workers and teacher doing the recruitment home visit and interview. These will be further reinforced at the time the parent visits the center to complete the health history form.

Criteria

(a) aged 3-5, or in the case of mental retardation and other developmentally delaying conditions, 3-7

(b) meets income guidelines, including allowable 10% over

(c) multiple handicapping conditions

(d) known handicapping conditions

(e) suspected handicapping conditions -- Specialist's diagnosis and referrals from Agencies.

Assessment Procedures

Assessment by the staff with the Project Coordinator and Child Services assistants of information gathered prior to entry on each special child. This, to be followed by a complete physical examination, with necessary referrals coordinated and combined efforts by the staff and specialists in reviewing together all of the information gathered.

The present Head Start staff has considerable experience in recognizing behavior of children at this age level which deviates from that usually seen in beginning Head Start children. Those children who have such recognized behaviors will have special consideration by the crisis team staff and professional consultants.

At this time an initial video-tape recording of the child's behavior may be made. This could then be used in combined observations by staff, or if a specific specialist's opinion is advisable, the portability of the equipment would give this person an opportunity to observe this "sample" of behavior. He could then make suggestions for further observations or evaluation which could be carried out during the screening process.

Because video-tape recordings are easily erased the application of the protocol at this time does not entail extra expense should these children not be involved in the demonstration population. In those cases, however, the recordings could be used as a focus for working with those children and their

families at home in an attempt to accomplish the changes necessary for the child to be admitted. Used this way, the protocol would serve a double purpose: to record and identify behavior which needs to be changed and to be a focus for specifically identifying those behaviors which need changing as a condition for inclusion.

Diagnostic Procedures

The diagnostic team for this project is not seen as being the traditional multi-disciplinary group found in clinics for the treatment of physical disorders, but rather a "Bank" of specialists to whom the Project may turn for consultation, help, advice and referral. This coordinating service of local agencies is a natural start of community effort toward meeting a serious need of children. In order to assess, prescribe and develop the handicapped preschool child so that he will reach the optimum growth then this must be accomplished primarily by those who know the environment of the child and his family. These people must be able to communicate Head Start goals by both words and action.

The "team", or teams, for this Project will have as a core the staff members in each center. This includes the Nurse/Social Workers, Teachers, aides, cook, bus driver, volunteers. One or more of these persons in all probability knows the child and his family: they know the living conditions and they know the problems much better than any "outsider" ever could.

The rest of the "team" will be the Project Coordinator and the Child Services Assistants, all of whom have a background in child development. Then, as needed, others will be included: these others may be from any of the agencies or they may be specialists, or they may be handicapped adults,

but they will only be included for specific purposes and to satisfy identified needs at that time. At this time the parent and/or parents will also be included.

These people, after looking at the "whole" child (the VTR and all other available information gathered) and making their assessment of behavior, will then, as necessary, go to the "Bank" of specialists: the specialist will make, or confirm the diagnosis of the condition.

Just as important then, as recruiting children with special needs, is the recognition of the needs of already enrolled children. Observation of the child's behavior by outside professionals, the Nurse/Social Workers, teachers, staff and parents over a continuing time are very important "parts of the puzzle" to be added to the existing background records.

One approach toward unbiased observations lies in the use of video tape recordings for storage and review of samples of daily activities. This allows an unlimited number of observers to review a specific behavioral situation. It also makes discussion easier and agreement on cause and treatment a distinct possibility.

Syracuse University, through the Division of Special Education and SURI under USOE sponsorship, has developed this observational procedure for use with multiply handicapped children. The directors of this project, Dr. S. Curtis and Dr. E. Donlon, have had the opportunity to apply the procedure to other groups of children.

The Project has for the past two years, under the guidance of, and consultation with, Dr. Donlon, been using this procedure with six children and has found this video tape recording especially applicable to those functioning at the preschool level.

As suggested earlier, with pre-admittance screening, the Project proposes to extend this procedure to all five Head Start centers, taping those children identified as "handicapped" as well as those with possible handicapping conditions, as suggested by collated information of each child.

The Project will be applying an observational evaluation technique to preschool children in our Head Start Program for the purpose of:

1. Evaluating children's behavior as they respond to the preschool experience.
2. Identifying behavior which is considered troublesome in the daily program.
3. Promoting communication between staff members so that specific behavioral goals may be outlined with specific programs for their attainment.

An accurate assessment of children is based on observation as they progress through a routine day, and retrieval of these observations in a format so that discussion may be carried out regarding the nature of behavior, its meaning in the environment, and its consistency or predictability throughout the total life of the child.

Increased benefits to the child and his family may be expected through this project by:

1. coordination of efforts by a professional
2. in-depth work with parents before admittance to the program, while the child is in the program, and follow-up when he leaves
3. evaluation of the child and prescriptive program outlined and implemented
4. increased work with staff and resource persons to implement program and assure optimum development of the child
5. in-service training of staff using children as focus

6. establishment of criteria for evaluations of each child's progress
7. intervention when needed and advocation for the child
8. follow-through with the child as he goes to public school or institution

Parent and Family Involvement

All work with the parents of handicapped children is based on the same philosophy used in working with their children: These people are parents first. It is important to note that the Project, in seeking to help their children, respect what they, with less training and under highly unusual circumstances, are already doing with, and for, their special children.

With the addition of the crisis team, pre-admittance home visits will be made by the Child Services Assistants, in order to get to know the child, his family and the home situation, and to enlist that family's cooperation in helping us work with their child. It may be that the VT Protocol may be helpful at this time in some cases. If so, this can be a shared learning experience of parents, staff and child together. At the time the child enters the center, it is once again the role of the Child Services Assistant to be his special friend who, along with his parent, accompanies him to the center to ease the transition from home. As has been mentioned earlier, the parent may be asked to be a member of the diagnostic team -- depending in each case, on the parent, and his relationship with his child. Parents will be included in center parent groups, of course, and may be elected as any other parent to include all parents: some special workshops will be of especial interest to parents of handicapped children, i.e.: "Working with Handicapped Children", the information workshops on symptoms, causes and

treatment of varying disabilities and handicapping conditions. Of special concern will be help and guidance and information for these parents as they are faced with the decision of where they would like their child to go next -- as he leaves the Head Start Program. In-depth work with individual parents/families will be done as there is a need.

STAFF ROLES AND SKILLS

Project Director	Head Start Director, will be responsible for the overall administration and supervision of the Project.
Project Coordinator (50%)	The Project Coordinator should have a knowledge of child development, experience in working with children with handicaps. He should be able to train others; to work in the field; to work with children; the parents; the staff. He should: a) Coordinate the diagnostic team and work with staff and resource persons to implement the program and assure optimal development of each child. b) Be able to establish criteria for the evaluation of each child's progress and intervene when necessary. c) Be responsible for coordination with cooperating agencies. d) Assist in evaluation services of the Project. e) Be responsible for dissemination of Project information through newsletters, participation in conferences, and news media, etc.

Child Services Assistants (2)	The Child Services Assistants should be trained in child development; know how to use equipment for observing and recording each child's progress and development; and be able to relate to, and communicate with, the child and his parents, with the staff and with the specialists. They should also: a) Be aware of the resources in the community. b) Have the responsibility for ensuring that continuing records are maintained for each child. c) They will work directly with each handicapped child at home, in the center, and as his advocate in the school or institution to which he goes after leaving the Program.
Clerk/Typist (50%)	The Clerk/Typist will be responsible for typing of the Project materials, reports and correspondence; will be responsible for dissemination of materials to parents and staff, will be responsible for assembling materials for workshops; will assist on collation of evaluation data.

COMMUNITY AND REGIONAL RESOURCES

The central ideas of the project have spread well enough so that the Head Start Program receives almost daily referrals from county social service agencies, doctors, public school personnel, and concerned parents with handicapped children.

The contacts with social service agencies in the county have been constant and fruitful as with all professional associations. The relationships have served to make Head Start the informal referral clearinghouse for all county agencies serving children, as a sideline to the mainstream of project activities.

Supportive Agencies

Otsego County Health and Welfare

Otsego County Department of Social Services

Otsego County Nursing Service

Board of Cooperative Educational Services

Fox Memorial Hospital Pediatric Center

Bassett Hospital -- Pediatric Center

Mental Health Association

Technical Assistance Agreement Outline

Cooperstown, New York

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
1.0 Information on projects who have common program emphasis i.e., use of videotape to identify and intervene behavioral abnormalities. SCR.	1.0 To establish, by Jan., 1974, communication of the Cooperstown Project with other BEH, OCD, NIMH, APA, etc., projects who are using similar theoretical and/or practical tactics.	1.0 TADS identifies common components of the various experimental projects. 1.1 TADS forwards addresses, names, objectives, phone numbers of appropriate projects gleaned from materials obtained from a variety of funding sources.	1.0 A listing of appropriate projects received from TADS by project by March 1974.
2.0 Assistance in developing a package of multi-media materials descriptive of the project's strategy and philosophy. SCR.	2.0 To arrange by Sept. 25, 1973 the preliminary steps prerequisite to establishing communication with the CEC Information Center, Nat.CEC.	2.0 TADS contacts National CEC Information Center informing latter of Cooperstown's need. 2.1 TADS will provide assistance in the planning, collecting of materials, and the development of a package of multi-media materials descriptive of the strategy and philosophy of the Cooperstown Head Start Project.	2.0 Informational contact vi telephone by Sept. 25, 1 2.1 A package developed by _____(da
3.0 Orientation of staff and parents to characteristics of handicapped children. SCR.	3.0 To conduct a series of staff and parent training experiences designed to increase their skills and knowledge about characteristics of the handicapped children they encounter.	3.0 TADS finances one (1) workshop at the rate of $125 per day each for two consultants for no more than 2 days. 3.1 Project will identify possible consultants and forward to TADS for approval.	3.0 A workshop directed towa specified need conducted April, 1974.

could be developed at very little cost to show the procedure. Availability of rating forms would allow visitors to compare ratings on significant categories with those who have already rated them -- thus using the method as a tool in itself.

REPLICATION SUGGESTIONS

Information about the VTR Protocol is already available: a film (16 mm) on the Multiple-Disabilities Project is available from the University of Georgia, Athens; there are two movies which will be available from the same source in the fall of 1973 on the further use and effective techniques of this protocol; reports on the development of the protocol are available through ERIC; and more specifically, "Limerick", Norwich, N.Y. and the University of Georgia, Athens, Georgia are already using this VTR protocol as an observational technique.

VT is increasingly being used in schools and universities, so some possible arrangements might be made to use their equipment. The cost of the equipment is relatively low - $2,600.00; it is easily mobile; and with minimum training and experience, easy to use; and reproductivity is quite simple.

The dissemination of information on the Project's proposed use of this observational method with Head Start children will be through Journal articles, news media, professional meetings, inter-agency newsletters and meetings and workshops at the area colleges (State University of New York at Oneonta and Cobleskill, Cornell, etc.) in which the Head Start director and/or staff and the Educational Psychologist/Coordinator regularly participate. The New York State Library, Albany, has reproduced video tape onto cassettes, making these a part of the library system: another way of making information available about the Project.

As an experimental demonstration program the Project agrees to all conditions set by OCD, as to evaluation, dissemination of materials and as a model, the Project welcomes others to come and visit. A VTR exhibition

HEAD START HANDICAPPED SERVICES

DEMONSTRATION PROGRAM

Big Horn Community Center, Inc.
Crow Agency, Montana
Mrs. Josephine Russell, Director

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PHILOSOPHY

The special services for handicapped children project at the Crow Reservation in Montana was selected as one of 14 national sites to demonstrate the delivery of special services in a non-handicapped learning environment. It is the design of the project to serve handicapped children of Head Start age within the target area served by the funded Head Start program.

The use of Head Start as a base for the special services project demonstrates the usefulness of using Head Start as a vehicle for securing additional services for families who have children with handicapping conditions. The wide acceptance of Head Start in the community and the broad representation on the governing boards may help identify and secure services for parents. Further, follow-up services can be rendered to insure continuity of treatment to maximize gains.

Broad goals for the special services project demonstration have been selected and are listed below. The Goals cover recruitment of children, diagnosis of handicap, research efforts in the area of culturally based screening and testing methods, a demonstration classroom, and a coordinated effort to utilize all resources available for work with handicapped children. The traditional Head Start emphasis on working with the parents will be intensified. The total involvement of the family and community in the education of the handicapped is particularly suited to the Crow tribal social and family structure. Finally, all educational services will be individualized to meet the needs of each child.

Project Goals

1. Parents and staff will develop new skills in maximizing the development of children with handicapping conditions.

2. General public awareness about the nature of educating children with handicapping conditions will be fostered.
3. Assessment procedures will be designed more amenable to the reservation environment.
4. Preparation will be developed to prepare the center based staff to work with an educational environment that can be adapted to the special needs student.
5. Strategies will be developed for working with special needs students in their community environments rather than a segregated atmosphere.

PROGRAM PLAN OUTLINE
FOR

Crow Agency, Montana

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
.0 Three, four, an five year ld speech nd hearing paired	1.0 To continue to foster the provision of services to handicapped children and their families such that the child can function to his maximum within the limitations of his handicap.	1.0 To provide culturally based diagnosis and screening to all children by June, 1974.	1.0 Teacher-parent observation criterion referenced instruments (according to developmentally appropriate skills) 1.1 Development of the diagnostic/screening instrument(s)	1.0 Records of diagnostic and screening data.
		1.2 To develop by June, 1974, a listing of child strengths and weaknesses --from assessment data on which to form the substance of the educational program.	1.2 Analysis of assessment data; identification of strengths and weaknesses.	1.2 Each child has individual list of strength and weaknesses on in director's office
		1.3 To obtain for all enrolled, handicapped children a comprehensive physical, behavioral, etc. examination by June, 1974.	1.3 Conferences with local medical authorities, i.e., Public Health Department, State Department of Health.	1.3 Records showin each enrolle had a complet screening exa ation.
		2.0 To improve gross motor coordination of all children by June, 1974.	2.0 Running, jumping, climbing and kicking activities.	2.0 Records showi each child's i ment. (Ob
		2.1 To improve fine motor coordination by June, 1974.	2.1 Use of scissors, drawing tracing items, stringing beads, turning pages, finger plays.	.1 Records showi each child's ment. (Ob

PROGRAM PLAN OUTLINE
FOR

Crow Agency, Montana

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		3.0 To improve the child's ability to communicate his needs, wants and desires to teachers and others in English and Crow by June, 1974, using Crow as the basic language of instruction.	3.0 Teachers' developed listing of English words the child is to learn. --teacher conferences. --parent conferences.	3.0 Listing of wor developed. Rec to show child' crossed ___ of words by Ju 1974.
		4.0 Each child will discriminate visual differences among/between items, i.e., shape; color, size ---animals: wild, domestic ---foods: color, origin --household items: use purposes, names, kitchen, bedroom items, other ---geometric shapes: squares, circle; triangles	4.0 Pictures from magazines, newspaper household items	4.0 Records show each child's improvement.
		4.1 Each child will discriminate figure group objects in presented pictures		
141		4.2 Each child responds correctly to ten visual closure pictures presented by the teacher.	4.2 Teacher demonstration of closure tasks; teacher-made pictures showing visual closure items on various variables, i.e., numbers letters, animals, picture of any item.	142
		4.3 Each child sequences a collection of pictures in serial order.	4.3 Use of pictures	

PROGRAM PLAN OUTLINE
FOR

Crow Agency, Montana

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		5.0 Each child differentiates between/among auditorily presented stimuli --loud-soft --high-low --English-Crow --follows directions --identify one's name, address, etc. --introduction of sounds	5.0 Teacher-child conversation; use of records	5.0 Records showing each child's improvement based developed assessment tools.
		5.1 Each child differentiates tactile differences/similarities between presented items --smooth-rough --hot-cold --liquid-non-liquid --child	5.1 Teacher presentation of tactile items Grab bag of items: identification of items from feeling (handling) of items without seeing them.	
		5.2 Child is introduced to (can make) sounds in English that are not used in Crow language by June, 1974, and vice versa.	5.2 Speech therapist develops listing of appropriate sounds.	5.2 List developed
143		6.0 Each child associates like items: --bow:arrow --shoe:sock --pen:paper	6.0 Teacher Staff develops listing of 20-30 items in each objective category appropriate to the ages and abilities of the children.	6.0 Achievements assessed based upon criterion set for each child the program.
		6.1 Each child classifies assorted items according to the specification(s) of the teacher: --size --color --use --function --species --location, origin --geometric shape		

144

PROGRAM PLAN OUTLINE
FOR

Crow Agency, Montana

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		6.2 Each child sequences presented pictures: ---alphabets --numbers --Crow/English similarities		
		7.0 Each child participates in tasks requiring cooperative activity	7.0 Group play Block-building activity	7.0 The achieven these object will be bas the estabili criterion fo child.
		7.1 Each child is able to identify articles of clothing		
		7.2 Each child is able to dress him/herself		
		7.3 Each child is able to identify and use appropriate eating utensils		
145		8.0 Each staff person will participate in staff training sessions covering such topics as: ---identification of handicapping conditions --planning educational experiences for various handicapping conditions ---task analysis in developing learning activities --ways to evaluate pupil performance ---writing lesson plans --developing culturally relevant learning activities for children --identifying developmentally appropriate skills and behaviors ---coordinating school activities with home activities	8.0 Pre-service and In-service training programs. TADS sponsored workshop and site visit.	8.0 Training se held.

PROGRAM PLAN OUTLINE
FOR

Crow Agency, Montana

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		--solving behavioral problems in the classroom --activities for parents --activities for use in reading readiness, math readiness --ways to modify games and exercises for the handicapped --ways to plan learning activities for handicapped and non-handicapped in the same setting. 9.0 The staff will develop lessons that reflect the culture and history of the Crow Tribe by June, 1974. 9.1 The staff will adopt a developmental screening instrument to better meet the needs of the Head Start project by June, 1974. 9.2 The staff will develop checklists for teacher use in evaluating a child's performance on various tasks.	9.2 In each of the subject areas, staff expands objectives for children and design a teacher checklist.	9.0 A file of lesson in director's office. BDS 9.1 A copy of the adopted developmental screening instrument on file. 9.2 Appropriate checklists developed and used BDS.

PROGRAM PLAN OUTLINE
FOR

Crow Agency, Montana

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		10.0 Head Start staff provides at least 5 experiences for each parent to exchange information concerning their child(ren) with the Head Start teachers by June, 1974.	10.0 Home visitations Parent meetings in school Regularly scheduled parent-teacher conferences	10.0 Records of ho visitations to each parent; parent meetings he schedule developed for 5 planned Cent sponsored parent-teacher conferenc
		10.1 By June, 1974, in cooperation with parents, the Head Start staff will develop at least two lessons per month that will be used in the school.	10.1 Teacher-parent conferences/meetings	
		10.2 By June, 1974, in cooperation with parents, the Head Start staff will develop at least two lessons per month that will be used in the home to complement activities occurring in the school.	10.2 Teacher-parent conferences	
149		10.3 By June, 1974, to obtain parent participation in at least one of two ways: as a volunteer or paraprofessional in the school or as a contributor to the school's activities by means of contributing a homemade item that could be used in the school.	10.3 Development of a listing of all parents who have children in the program Identification of parents who will be available to serve as volunteers and those who would prefer to construct an item. Conferences, meetings, etc. with parents that describe items needed, etc.	150

PROGRAM PLAN OUTLINE
FOR

Crow Agency, Montana

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		11.0 To provide opportunities for group of parents who have handicapped children to gather and discuss common situations, problems, and exchange ideas among themselves and with the Head Start staff and/or consultant(s) by June, 1974.	11.0 Group meetings Counseling sessions--individual and/or group	11.0 Number of meetings and synopsis of results and projections
		12.0 To identify and receive letters of commitment from a variety of available state and regional sources who have services that could enhance the quality of the Head Start program.	12.0 Contact with sources.	12.0 ____ of commitment letters on file.
		12.1 To make a presentation to the local elementary school concerning the nature and scope of the Head Start program by June, 1974.	12.1 Contact with the school personnel identifying a date for presentation. Identify items to be covered in the presentation, i.e., what do we want the teachers to know about the Head Start program?	
151		12.2 To identify by June, 1974, a number of the local elementary school staff who will serve on a committee that reviews the project's activities. To make by June, 1974, available to the local elementary school, sample lesson activities that children coming into the elementary school have been performing.	12.2 Development of lessons on which the elementary school teachers can build their lessons.	152

PROGRAM PLAN OUTLINE
FOR

Crow Agency, Montana

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		12.3 To have by October, 1974, those parents who participated and/or contributed to the Crow Head Start program and now have children in the elementary school join the school's PTA or some similar organization.	12.3 Parent-teacher conferences on importance on continued involvement. Head Start parents become involved in school's activities.	12.3 50% of pa... ent paren... registered ... of school PTA.
		12.4 By June, 1974, to invite local school personnel, ie, to visit and observe, the Head Start programs and possibly exchange classes for a day.	12.4 Head Start teacher-public school personnel conferences. Attendance at teacher meetings.	

INTERVENTION STRATEGY

The target area served by the special services project is the Crow Indian Reservation located in the southeastern part of Montana (Big Horn and Yellowstone Counties). The Reservation is isolated from any major employment center. There are approximately 200 families served by the present program, 90% of whom are below the income eligibility guidelines. Probably the main advantage of the Crow Reservation site is that no other demonstration site will yield data on how to maintain children in the reservation setting.

The opportunity to work with the handicapping circumstances unique to rural settings typified by extreme poverty and divergent cultural backgrounds also are found on the Crow Agency. The inner ear diseases that are so prevalent on the reservations and the speech problems found among the Crow children require special services.

The first year of the special services project has been a planning and preparation period, wherein most of the objectives of the program were centered upon the development of the capability to serve handicapped children. The strategy of using work clusters of sub-systems evolved to deal with components that comprise the total services delivery process.

The first work cluster dealt with the identification and recruitment of handicapped children. The second work cluster pursued the exact nature of each child's handicapping condition, including the identification of resources for the assisting in the diagnosis and the actual carrying out of the diagnosis.

The third work cluster developed a prescriptive educational plan for each child necessitating an implementation strategy. This included working with the children, the parents, and the staff. Staff training is an integral

part of this process to upgrade staff competencies as required to meet each children's individual needs. The evaluation of the educational process, the work of the staff, the progress of the children, and the over-all success of the project also by the very nature of the concepts must be included in the educational process.

The administration of the project is the final phase of the project activities, which is fairly straightforward since the staff is small and all of the activities on the project are under the administrative policies and procedures of the Head Start agency. In fact the special services staff has fitted into the Head Start program with a minimum of problems and confusion.

STAFF ROLES AND SKILLS

Project Director	Developing demonstration site into training site for other teachers. Program Planning and Coordination. Development of Assessment Tools
Teacher Aide	Classroom work Testing and Assessment
Bi-lingual Aide (2)	Testing and Assessment
Secretary/Bookkeeper	Over-all inventory control

COMMUNITY AND REGIONAL RESOURCES

Crow Bilingual Education Program - Title 7

Billings Area Indian Health Service

Crow Indian Hospital - U.S. Public Health Service

County Public Health Services

County Welfare Services

Montana State University Department of Speech

Easter Seal

Eastern Montana College Handicapped Services and Career Opportunities Program

Montana School for Deaf and Blind

Montana State University Audio Department and the Zenith Company (Chicago) Collaboration on a Bilingual Screening Device

U.S. Public Health Service: Field Doctor
Mental Health Team
Health Educator
Dentist
Nutritionist

Home Extension Agent

TECHNICAL ASSISTANCE AGREEMENT

Crow Agency, Montana

ENICAL ASSISTANCE D	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIVITIES	TECHNICAL ASS TANCE EVALUAT
taff training on how identify handicap- ng conditions and w to develop lessons d various learning periences for them	Each pertinent staff person will have participated in a staff training session(s) and will have the competencies listed under staff training objectives.	Staff identifies any additions to the listing of staff training items. Staff identifies a prospective date, i.e., a 3-day period, when the staff training session could be conducted Inform TADS TADS will identify a training person (consultant) who will conduct the staff training session for the 3-day period. Identified consultant will contact project and reaffirm objectives of the training session.	Specified ob tives of the training ses met to the s isfaction of project pers Evaluating f completed by Project and sultant by J 1974.
159			
velopment and/or dification of a velopmental screen- diagnostic instru- nt sensitive to the oject's population.	A developmental scale of behaviors, items, skills, etc. that a child should be doing when he enters public school 1st grade. Skills, behaviors, etc. across various curriculum areas: gross and fine motor development, language, social skills, self-help skills, perception, etc.	TADS will identify and forward by Dec. 1, 1973, at least five screening/diagnostic instruments. The project with assistance of identified consultants will develop or modify instruments to meet project's needs. Project will forward to TADS a copy of the instrument by June, 1974.	Instruments r ceived by pro by Dec. 1, 19 Instrument de eloped and fo warded to TAD TADS
			160

Technical Assistance Agreement Outline

Crow Agency, Montana

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANC EVALUATION PLAN
3.0 Screening of enrolled children to determine variety and depth of existing handicapping conditions.	3.0 All children enrolled in the Crow Agency Head Start project receive screening and diagnostic services.	3.0 Project will identify consultants. 3.1 TADS will finance the screening/diagnostic services to $1000.	3.0 Project informs TADS t screening/disgnostic w has been satisfactoril completed.

REPLICATION SUGGESTIONS

Work is progressing on an audio-visual tape documenting the only Indian Project mainstreaming handicapped children in regular Head Start sessions.

"SPECIAL SERVICES DELIVERY SYSTEM TO SERVE HANDICAPPED AND OTHER HIGH RISK CHILDREN IN ALASKA HEAD START PROGRAMS"

"EARLY EDUCATION MEDIA RESOURCE DEVELOPMENT GRANT PROGRAM"

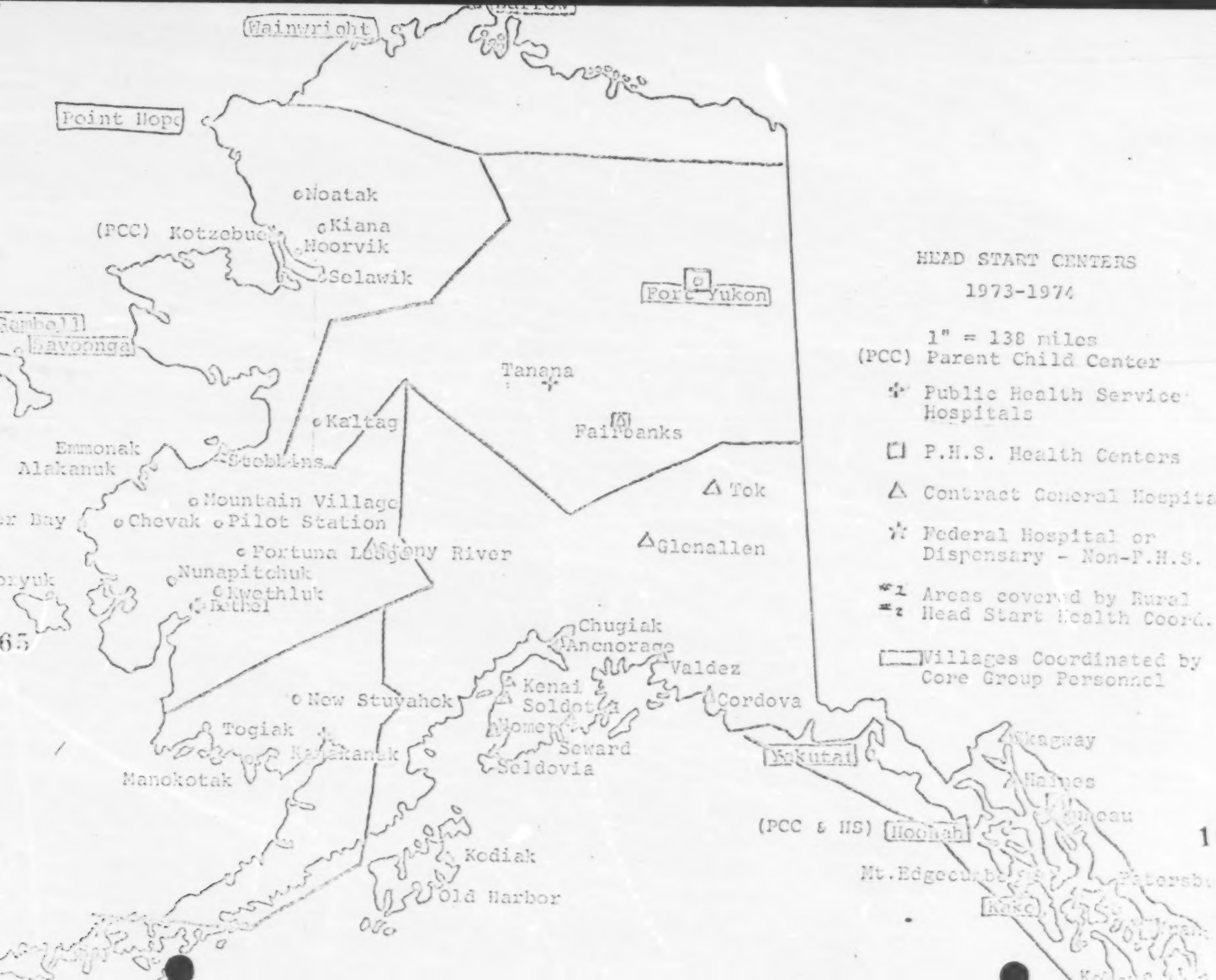
An OCD/BEH Collaborative Project
Dr. Helen Beirne, Director

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina


Wainwright
Point Hope
Noatak
(PCC) Kotzebue
Kiana
Noorvik
Selawik
Fort Yukon
Bethel
Bayonga
Tanana
Kaltag
Fairbanks
Emmonak
Alakanuk
Stebbins
Tok
Mountain Village
Chevak
Pilot Station
Fortuna Ledge
Yukon River
Glenallen
Nunapitchuk
Kwethluk
Bethel
Chugiak
Anchorage
Valdez
Kenai
Soldotna
New Stuyahok
Cordova
Homer
Seward
Seldovia
Togiak
Kasigluk
Manokotak
Sakutat
Skagway
Haines
Juneau
(PCC & HS) Hoonah
Kodiak
Old Harbor
Mt. Edgecumbe
Petersburg
Kake
HEAD START CENTERS
1973-1974
1" = 138 miles
(PCC) Parent Child Center
Public Health Service Hospitals
P.H.S. Health Centers
Contract General Hospital
Federal Hospital or Dispensary - Non-P.H.S.
Areas covered by Rural Head Start Health Coord.
Villages Coordinated by Core Group Personnel

PURPOSE

The purpose of the Special Service Health Delivery System, an OCD/BEH collaborative effort, is to implement a system of comprehensive services to all possible categories of handicapped children and families in Alaska Head Start programs. In instances where no agency, organization, or individual has the capability of serving special needs, an attempt has been made to supplement the areas through the grant.

To accomplish this purpose there has been developed a "Core Group" of professionals and paraprofessionals working directly with the Head Start programs and dedicated to the delivery of all health and special services which are indicated for the handicapped children involved. In this context, "handicapped children" is defined as including mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, physically handicapped, crippled, or other health impaired child or children with specific learning or other disabilities who by reason thereof require special education and related services.

The coordination goals of such a program are as follows:

1. To coordinate the efforts of agencies and facilities which are at present responsible for health care and special services of Head Start (native and non-native preschool economically deprived) children and their parents.
2. To assure the usage of these facilities to the maximum of their abilities.
3. To supplement those areas of special needs where no other agency, organization, facility or individual has the capabilities of doing so.

4. To collaborate with the Bureau of Education of the Handicapped Material Resource Grant in producing and using materials which will assist in the implementation of the Special Services Delivery System.
5. To coordinate with the Alaska Methodist University, STATO project, in teacher and parent training related to special services.
6. To coordinate all activities with the people who are potential recipents of the programs, so they understand what is being attempted, have the opportunity to initiate and/or participate in the programs and have nothing forced upon them without adequate education and opportunity for input.

INTERVENTION STRATEGY

The target population served are approximately 140 children with varying degrees of mixed involvements. The largest incidence are in the category of hearing and vision. Many of the children are disadvantaged as well as handicapped. The children are predominantly of Indian, Eskimo or Aleut dissent and range from ages 3 - 6 years.

There are thirty rural Head Start villages and four urban Head Start programs in Anchorage and Chugiak, Alaska. (see preceding chart) Some assistance is being given to the Fairbanks Head Start and Home Start Programs.

Program Services

It is intended that the full range of comprehensive health services recommended in the Head Start policy manual be initiated. These would include:

Medical and Dental Examination

Immunization

Dental Floride Treatment

Dental Care

Psychological Services

Speech, Hearing and Language Services

Social Services

Nutrition Component

Many of these services are available through existing programs but must be coordinated by the Core Group.

Integration of Handicapped with Normal Head Start Children

Most of the handicapped children in the Alaskan Head Start programs are already in the preschool setting. The problem is not to allow these deviations to become the "norm". Awareness and early identification is necessary. When the handicap is identified as being such even though the extent or specific problem may not be known as yet, every effort will be made to complete the evaluation and initiate the remediation in the regular classroom.

When a child leaves the Head Start program, records and information can and will be transferred on to either the local Borough Schools, State Operated Schools, or the Bureau of Indian Affairs, as the continuity of educational programs indicates.

Parent-Family Participation

The same basic requirements for parent and family participation in Head Start will apply in this experimental project. In addition, special emphasis should be given parent-family participation in the following areas:

(a) Assistance in understanding and coping with their child's handicap;

(b) Psychological and/or social work services;

(c) Structured program activities to encourage participation in the child's growth and development (e.g., through a home visitor/outreach

component to introduce developmental toys in the home);

(d) Information on special education techniques;

(e) Observation of their children in the project;

(f) Carryover activities in the home;

(g) Participation in planning and evaluation of the program.

These principles will be initiated in the urban areas working directly with the Core Group, the Special Service Coordinators, Local Mental Health teams, teachers and families.

In the rural areas, the route will be less definitive. The Core Group will do some direct work with parents as time and travel funds permit. Primarily however, the Core Group must develop educational and training programs to enable the Special Service Coordinator, Field Training Supervisors and Teachers to develop Parent-Family Programs.

Media Development

The BEH segment has been involved in developing special education materials appropriate for Alaskan "bush" Head Start populations and participating in Head Start staff training via workshops and correspondence courses. All materials are designed with the consideration that the recipients may be bilingual, with English not being their first language and may have limited reading skills.

STAFF ROLES AND SKILLS

The OCD Experimental Project staff will consist of the following persons:

Project Director - one-third time

Program Coordinator - full time

Language Development Specialist - full time

Secretary - full time

Bookkeeper - one-eighth time

Special Service Field Coordinators -

Rural Head Start	(2)	full time
Anchorage	(1)	three-fourths time
Chugiak	(1)	one-quarter time

a. Project Director

The Project Director will have the responsibility for the implementation of the total project as proposed and, as serving as the liason and principal person between the federal, regional and local levels of implementation. This person's role and responsibility will include the following:

1. Be well versed in the medical, social, psychological and educational needs of preschool children.
2. Recruitment of adequate staff to fill all the positions and be able to orient them to the task they must perform.
3. Implement and assist in the coordination and education of agencies involved with or supplemental to the proposed grant.
4. Establish the coordinating activities between the BEH Supplemental Resource Development grant, the AMU State Training and Assistance Office and all Head Start Programs.

5. Review and assess with the Special Service Coordinator, staff and BEH Project Director, the needs for change and/or enhancement of the proposed Delivery System in relation to the rapidly evolving medical, education services in the State of Alaska.

6. Evaluate component parts of the program and interpret this through communication and reports to the Office of Childhood Development and the Bureau of Education for the Handicapped.

7. Consider in the broad scope and interpret in writing, those programs which can serve as models or prototypes for other Head Start and preschool programs in the State and Nation.

8. Complete reports, additional proposals and/or requests for changes in programming and finances which are deemed necessary.

9. Work with the receiving agency (Alaska Crippled Children and Adults, Inc., Easter Seal Society) in all indirect activities of management and finance.

b. Program Coordinator (Co-Director)

The Program Coordinator, working with the Project Director, will have the responsibility to see that all needs of the Head Start children with handicapping conditions, are met in the best possible manner that budget, coordination and staff training will allow. This person's role and responsibility will include the following:

1. Be well versed in the medical, social, psychological and educational needs of preschool children.

2. Have a knowledge of the existing agencies and facilities who have a responsibility and capability of working with the target population.

3. Obtain and correlate all available information from agencies, private facilities, Head Start staff and parents, to implement the best possible program of identification, evaluation, remediation and education of each involved child.

4. Understand and appreciate the rural, as well as the urban cultures, of those children and families who will be involved in the Head Start programs and give optimum consideration to this concept.

5. Work within the existing Head Start structure and guidelines.

6. Work with all Head Start program consultants and personnel, core staff and supportive agencies in the development of a comprehensive Special Services Delivery System.

7. Work with existing Head Start Training Program in the development of a staff and parent training program relating to the special needs of Head Start children and their families.

8. Develop with existing public school systems a continuity and follow-up program to integrate the Head Start child into the regular school programs. The integration and follow-up program should extend long enough into the child's first year in regular school, to assure a continued delivery of needed services.

c. Language Development Specialist (Teacher Trainer)

This person's role and responsibility will include the following:

1. Develop a training program for Head Start personnel, nurses, family coordinators, field trainers, teachers, teacher's aides and health aides; relating to developmental language of Head Start children. This should include:

   i. awareness of special language development problems.

   ii. means of obtaining supportive help in the identification and remediation for these difficulties.

iii. methods of dealing with identified problems in the classroom and at home.

iv. parental involvement in relation to the special speech, hearing and language problems.

v. be aware of and be able to assess normal language difficulties which might exist in a bilingual or poverty area.

vi. develop awareness to preventive programs which might keep them from becoming major speech and language problems.

2. Actively participate in the evaluation and remediation of involved children if these needs cannot be met by existing programs or coordinated efforts of other agencies.

3. Work with the Special Service Coordinator in coordinating agencies, facilities and support group consultants so that all assessments are completed and a Delivery System established.

4. Work with the Special Service Coordinator in the correlation of all medical-education information available from prior assessments with the present findings to obtain the best possible evaluation and to design the most functional perscriptive program for the child.

5. Must be able to work with the Field Special Service Coordinators, Field Trainers, local health service personnel, teachers and aides in implementation of such a program.

6. Actively participate in the evaluation and home programming of those children and families referred into a central established program.

7. Develop an in-service training program for Head Start personnel.

8. Participate in training of Field Special Service Coordinators to carry out prescribed types of gross evaluation which will be used to determine additional evaluative and remedial needs.

9. Assist in training of Field Special Service Coordinators so they in turn can assist the Head Start teacher in prescribed special educational programs.

d. Psychologist (Contractual)

This person's or persons' role and responsibilities will include the following:

1. Develop a training program for Head Start personnel, nurses, family coordinators, field trainers, teachers and teacher's aides, relating to the emotional health of Head Start children. The training program should include:

   i. an awareness of special emotional problems.

   ii. means of obtaining supportive health and assessment services.

   iii. methods of dealing with the assessed problems in the classroom and at home.

   iv. parent involvement in relation to the special problem.

   v. normal emotional crisis which occur with all children and the awareness of preventing these normal crisis from becoming major emotional problems.

2. Actively participate in the assessment of children if needs cannot be met by existing programs or coordinated efforts of other agencies.

3. Work with the Special Service Coordinator in coordination of agencies, facilities, and support groups consultants, so that all assessments are completed and a Delivery System established.

4. Work with the Special Service Coordinator in the correlation of all medical-education information available from prior assessments with the present findings to obtain the best possible evaluation and design the most functional perscriptive program for the child.

5. Must be able to work with the field trainers, field Special Service Coordinators, local health service personnel, teachers and teachers aides, in implementing such programs.

6. Provide consultation and advice to staff and personnel in relation to their work with the target population.

7. Develop a model in-service staff training program in the areas of emotional problems of preschool children. (Programs developed for urban and rural areas may call for psychologically oriented persons with varying areas of expertise, such as; Anthropologist or Sociologist.)

8. Must actively participate with the evaluation and home programming of those children and families referred into a central evaluation program.

e. Field Special Services Coordinators

The Field Special Services Coordinators will have different professional and para-professional backgrounds and, depending upon the location and means of supportive help, will have different types of responsibility. Those included in the present proposal include:

a one-fourth time Coordinator for Chugiak,
a one-fourth time Coordinator for Anchorage
and two full time Coordinators for the rural areas.

The objectives which the rural and urban Field Special Services Coordinators have in common are as follows:

i. to serve as a Special Service Coordinator in the Head Start

program with a dedicated responsibility to the comprehensive special health and educational needs of all the children and particularly those with handicapping conditions.

ii. to serve as liason between the Head Start teachers and families and the Special Services Core Group.

iii. to participate actively in staff training in conjunction with the Core Group and the State Training and Assistance Training Office at AMU.

iv. to participate actively in family involvement in conjunction with the Core Group and STATO.

v. to work with the Core Group in developing an integrative, follow-up program for handicapped Head Start children as they continue into the regular school placement.

f. Staff of Collaborative BEH Grant

Co-Director - Resource Development Project

1. Coordinate project
2. Assist in development of materials and media.
3. Recruit staff for project.
4. Prepare necessary reports.
5. Act as liason between BEH and OCD collaborative projects, AMU Training Program and other involved programs.
6. Motivate and participate in, in-staff training, parent training and public education.
7. Disseminate materials which have been developed to Head Start and other interested programs, both in and out of the states.

g. All consultants will have specific roles as designated in contractual arrangements.

COMMUNITY AND REGIONAL RESOURCES

A principal focus of the project is to develop collaborative relationships between local Head Start programs and other agencies. These relationships will promote an integrated service network to benefit handicapped children in Head Start and other preschool programs. This effort will lead to additional supplemental services being provided nonhandicapped as well as handicapped Head Start children.

The joint collaborative efforts between the Head Start programs and Bureau of Education for the Handicapped Early Education Program are set forth below:

a) Head Start Programs with BEH "Core Group"

Assistance will focus on the following activities:

i. identification of handicapped children in the community;

ii. diagnostic assessment, utilizing medical screening and other assessment techniques already in place or new approaches tailored to the purpose;

iii. provide developmental preschool programs for handicapped children in which the children are integrated, to the extent possible, in the normal activities of other children;

iv. provide appropriate parent and family involvement and education, building upon Head Start experience in parental participation;

v. demonstration of provision of service for handicapped.

b) Bureau of Education for the Handicapped Early Education Programs will focus on the following activities:

i. identification of handicapped children in the community;

ii. diagnostic assessment, including in-depth extended diagnosis if necessary;

iii. preservice and in-service training to Head Start staff;

iv. orientation and training of parents;

v. consultation to Head Start staff and parents about special services for particular handicapped children;

vi. provision for obtaining special services, e.g. hearing aid, etc.;

vii. provision of a backup resource in the event a child cannot cope with the Head Start program and needs to be removed from the integrated program setting for a period of time;

viii. continuity of services between Head Start and the school system;

ix. preparation of training packets and materials suitable for use by other Head Start projects wishing to replicate the collaborative effort and integrate handicapped children in regular projects.

The following agencies will be part of the coordinated program to furnish comprehensive health and special services:

(Detailed and complete information covering each agency noted may be located in the copy of the Directory of Health and Social Services and Related Resources in Alaska, hereinafter referred to as the "Directory".)

U. S. Public Health Service - Directory Page 316-319

Anchorage Native Medical Center
Seven Area Hospitals in the State

1. Can see children (if referred) while on routine yearly trip to village (often have other top priorities on these rapid, infrequent trips.)
2. Can pay for transportation of child and escort (parent, nurse, etc.) if they have to leave the village for evaluation and/or treatment in Area Hospitals or central medical/educational facilities.

3. Can provide dental, medical, psychological services, etc. up to capabilities of staff, time and travel.

4. Can help develop training media.

Alaska Department of Health

1. Communicative Disorders Program - Directory Page 71

   Can assist with speech and hearing testing in the urban area and to some extent in the rural area as staff, time and travel permit.

2. Child Study Center - Directory Page 69

   Can do comprehensive medical and psychological evaluation of referred children.

3. Public Health Nursing Services - Directory Page 73-81

   The key persons in the State of Alaska for initial contact of a professional-medical nature with rural children and families. They network the state and are invaluable in a coordinated Health Service program.

Bureau of Indian Affairs - Director Page 323-326

1. Transportation for educational or social reasons, to urban areas.
2. Can place and pay for children in foster home programs for social or educational reasons.
3. Can bring families and children to central areas for family related educational and training programs.

Dental Association

If the Dental Association Grant proposal "Dental Health for Children" to Health, Education & Welfare is granted, the urban areas of Anchorage would be covered as of April 1, 1973. A preventive program will be initiated with the Dental Association relating to Head Start. More extensive care can be negotiated through volunteer and/or contractual programs.

Greater Anchorage Area Health Department - Directory Page 199-202

Family Centers
Health Clinic
Home Visits (PHN)

Borough Health Department facilities are available to urban programs with adequate coordination.

Anchorage Mental Health Center - Directory Page 65

(State Division of Mental Health)

There is only one Psychologist in the Anchorage Center at the present time. He can be called upon to work with Head Start families and children as time and travel permits. However, statewide this program is woefully understaffed and cannot possibly offer the services which are needed by the Head Start children and their families.

Medicaid

Medicaid has only recently been legislated in the State of Alaska. We know that the program will address itself to health needs of low income families. At present, at least two optometrists in the Anchorage area are affiliated with the Medicaid program. Coordinating efforts are now being implemented for visual care of Anchorage Head Start children through this program. How extensive this program will be will not be known immediately.

Task Force on Child Abuse

This Task Force under the auspices of the Greater Anchorage Area Borough Health Department, is at present presenting a proposal to the N.I.M.H. to furnish services for fam lies involved in child abuse problems. If this program is implemented it will 'e available to families in the Head Start programs as well.

If the N.I.M.H. proposal is not accepted, this Task Force can be called upon for consultive work on a volunteer and/or contractual basis in child

abuse cases. At present, all members of this Task Force are fully employed but volunteering their time to this program.

Birth Defect Diagnostic & Genetic Counseling Service (Nat'l. Foundation/March of Dimes) - Directory Page 148

1. Diagnostic Clinics (to be held on a scheduled basis through the state.)
2. Genetic Counseling.
3. Chromosome Analysis.

Alaska Treatment Center for Crippled Children & Adults, Inc. - Directory Page 109

A non-profit agency with a full range of evaluative and rehabilitative services. These services for a child can be purchased either by the agency responsible for the individual such as the U.S. Public Health Service, Bureau of Indian Affairs, Alaska Department of Health, etc., or by contracting with the Bureau of Education of the Handicapped - Office of Child Development program if others cannot meet the financial needs.

University of Alaska - Directory Page 103

The University of Alaska Fairbanks (extension services) provides nutritional consultants for Head Start programs in rural areas.

The University of Alaska - Anchorage Psychological Counseling Program and the Anchorage-Chugiak Head Start programs have a student practicum program implemented at this time.

Alaska Methodist University - Directory Page 27

The Regional Training Officer and funds for Alaska Head Start Supplemental Training Program is at A.M.U. These funds can be expended also through the University of Alaska. It is through the Regional Training Officer program that the course work will be offered relating to training Head Start teachers

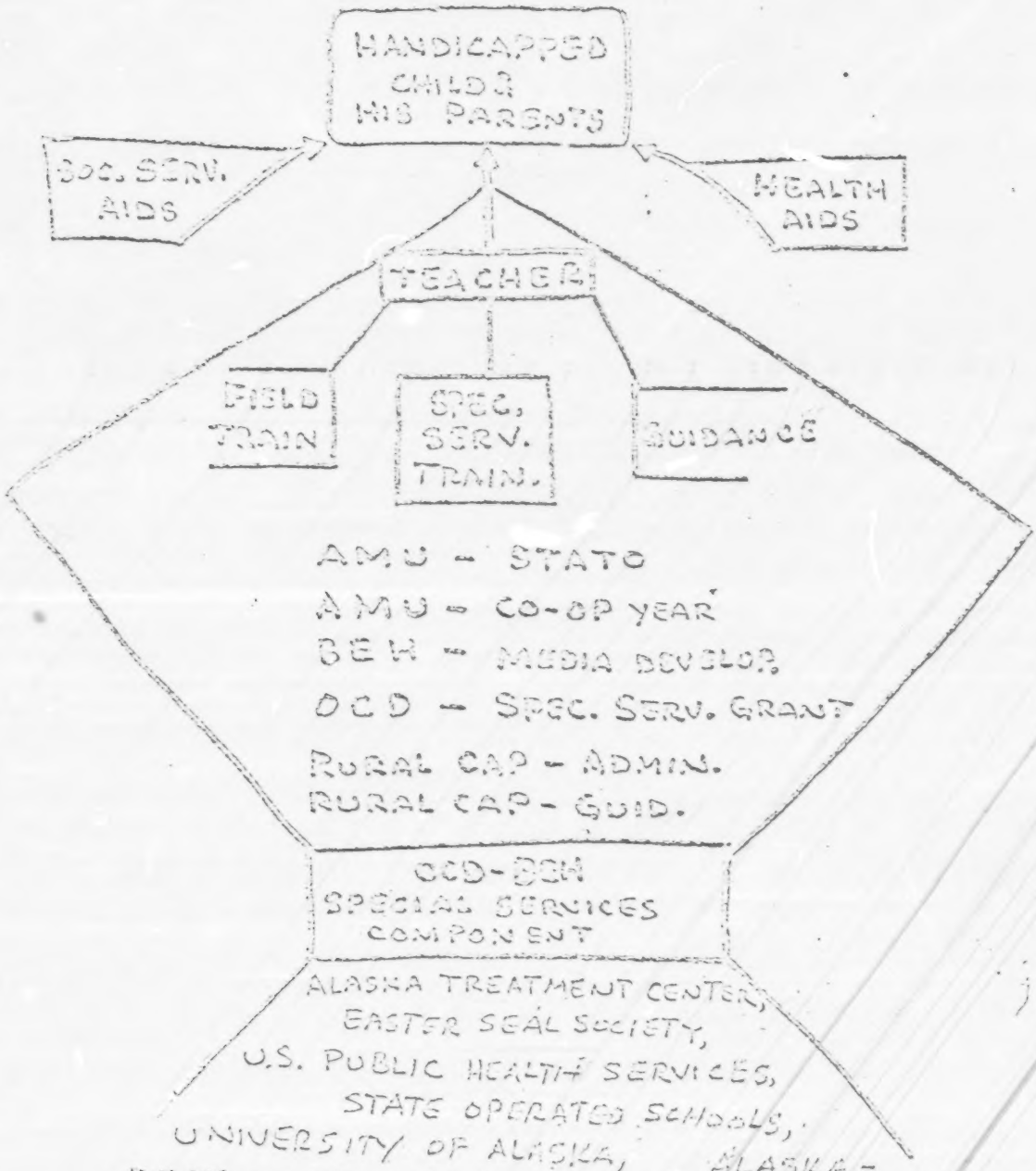
and Field Training Supervisors in the area of health and special services for the Head Start child. It is apparent that this program can assist in paying for instructors, some secretarial help, duplicating-mailing lessons and information, and some travel of training personnel.

Alaska Federation of Natives - Native Health Corporations

These corporations are fast moving into a cooperative, preventative and training program with the USPHS medical program. The Special Services Delivery Systems program is working very closely with these health groups as the primary health delivery system in the state. They are training health aides to be the primary deliverers of educational programs to the involved children.

These Training Programs may well compliment each other and a coordinated effort relating to mutual training programs is being planned with the Health Corporations.

SPECIAL SERVICES FOR ALASKAS HEAD START CHILDREN



ALASKA TREATMENT CENTER, EASTER SEAL SOCIETY, U.S. PUBLIC HEALTH SERVICES, STATE OPERATED SCHOOLS, UNIVERSITY OF ALASKA, ALASKA - DEPT. OF HEALTH & SOCIAL SERVICES, STATE PARENT TEACHER ASSOC., ALASKA - DEPT. OF REGIONAL AFFAIRS, ALASKA DENTAL ASSOC., ALASKA FEDERATION OF NATIVES - HEALTH COORP., BUREAU OF INDIAN AFFAIRS, GREATER ANCHORAGE AREA BOROUGH, CHUGIAK CHILDREN'S SERVICES, GREATER FAIRBANKS HEAD START, ACADEMY OF PEDIATRICS, YUKON-

REPLICATION SUGGESTIONS

NATIONAL DISSEMINATION OF MATERIALS

Title of Material	No. of Copies
Freddie Fetus	24
Give Him The Word	53
Idea Sheets	39
Methods & Materials in Education of the Hearing Impaired	5
Basic Development & Developmental Disabilities of the Preschool Child	117
Hand Book	108
Supplement	25
Lesson Plans	4
Family Education Program	5
Gross Motor Capabilities	25
Eyeglasses	25
VASC Hearing Screening	32
Vision Screening for Head Starters	37
Helping Hand (Head Start Directory)	290
Developmental Toy Workbook	25

LIBERTY COUNTY PROGRAM

BEH Head Start
Preschool - Outreach
Ms. Shirley Bateman, Director

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

Liberty County Program
BEH Head Start
Preschool - Outreach

Project Name:	Liberty County Preschool - Out ,ach P. O. Box 415 Bristol, Florida 32321
Phone:	(904) 643-3361
Funding:	BEH/OCD Collaboration
Grantee:	Liberty County School Board John E. Fairchild Superintendent
Project Director:	Mrs. Shirley Bateman
Preschool Enrollment:	65 Children 5 three year olds 56 four year olds 4 five year olds Of these, Exceptional Children: 10 Areas of Exceptionality: Visually impaired Hearing impaired Speech deficient Mentally retarded Orthopedically Handicapped
Outreach Program:	12 ~~Head Start~~ Agencies 50 Head Start Centers 350 Head Staff Members

PURPOSE

The Liberty County Program is located in Bristol in the panhandle region of northwest Florida. One of fourteen experimental programs in the United States, it is jointly funded by the Bureau of Education of the Handicapped and the Office of Child Development with the Liberty County School Board as Grantee. The simultaneous provision of both a Preschool Program and Outreach Services make it unique to any other.

The Preschool Program demonstrates the effectiveness of integrating 3, 4, and 5 year old handicapped, economically disadvantaged and normal four year old children in a common early education program.

The Outreach Program provides training and technical assistance in various areas of exceptionalities to Head Start agencies in the northern part of Florida to help teachers better understand and cope with handicapped children in their centers.

Program Plan Outline
for

Bristol

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
Staff members from Liberty County Center and 6 Outreach Centers		1.1 Become psychologically sensitive to needs of handicapped child 1.2 Become familiar with techniques in identifying the child with special needs and screening for handicaps. 1.3 Learn how to help other child become sensitive to the needs of handicapped children. 1.4 Help handicapped child become aware of his capabilities.	Inservice education and Lab experience 4 Week workshop for all Outreach August 13 - 17 Liberty County Workshop	

Program Plan Outline
for

Bristol (Cont'd)

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		1.5 Be provided an awareness of the many materials which can be modified. 1.6 Become familiar with and efficient in providing in-depth continuous focus on the needs of the handicapped child. 1.7 Provide continuous focus on abilities of staff to meet needs of handicapped child.	Outreach In-service training during the year. - lab at Liberty County	

Program Plan Outline
for

Bristol (Cont'd)

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		2. Explicit behavioral objectives will be specified in the areas of maturation language and social skills.	2.1 Explicit desired behaviors will be specified. 2.2 Normative and criterion referenced measures of behaviors will be constructed.	Booklets relative to the 3 basic learning areas and social behaviors containing detailed checklist will be kept on each child.
		3. Demonstrate effectiveness of integrating all 3, 4, and 5 year old handicapped in a common early ed. program with all 4 yr. old economically disadvantaged and other 4 yr. old children.	Integrating the population in identifiable preschool programs and activities will produce desired terminal behavior prior to entry in kindergarten.	100% of handicapped children will obtain 80% of specified kindergarten entry skills

INTERVENTION STRATEGY

Model Program

The Preschool Program is based on the premise that all children are more alike than different, share many of the same needs and all children can benefit from a comprehensive developmental program designed to foster development and meet his or her special needs. The Program demonstrates that handicapped children can be successfully integrated into a non-categorical situation and their special needs provided for. The Program also recognizes the family as the principle influence in the child's development and therefore parents are encouraged to be direct participants in all aspects of their child's activities.

All children enrolled in the program undergo an initial diagnostic evaluation to determine programming to meet their needs. Most of the children will be ready for the Main Stream program which is a developmental-educational approach to individualized instruction. Potential exceptional children will also be placed in the Main Stream program where possible, while at the same time undergoing intensive diagnostic evaluations to further determine what services are needed to meet the child's special needs.

I. Recruitment

1. Spring recruitment of prospective preschool children for the coming year utilizing the assistance of the local news media, community agencies, local school system, parents and teachers with volunteers canvassing the community.
2. Spring visitation of prospective children for the coming year. Preliminary information plus informal teacher observation of each child, noting any potential problems.
3. Fall enrollment utilizing assistance of agencies, news media and recanvassing of community.
4. Enrollment, with parent interviews, collecting pertinent family data, medical and developmental history, noting any known problems and completing permission forms.

II. Initial Diagnostic Evaluation - All Children

1. Observations - natural environment and contrived situations.
2. Pupil rating scale - teacher observation.
3. Developmental-educational evaluation utilizing the Learning Accomplishment Profile.
4. Medical screenings including vision and hearing.

III. Staffing - All Children

Following the initial diagnostic evaluation of each child, a staffing is held by the entire Preschool staff. At this time results are compiled and recommendations are made to:

1. Place the child in the Main Stream Preschool program/or
2. Place the child in the program, if possible, while further diagnostic evaluations are being conducted to determine his special needs.

Model Program Main Stream

Developmental-educational programming is provided for each child. Utilizing the Learning Accomplishment Profile, prepared by Mrs. Ann Sanford, the process if directed toward five developmental areas: (1) gross motor, the use of the whole body and large muscles; (2) fine motor, the use of the fingers and small muscles; (3) language, the use of verbal symbols; (4) cognitive, intellectual development; (5) personal-social, e.g. self-help, emotional and social development. The initial diagnostic evaluation of the child determines the placement in the Main Stream program. The teacher then follows these steps.

I. Developmental-Evaluation

The results of the Learning Accomplishment determine the skills a child has or does not have that are important to later school learning. From the results the teacher compiles an individual profile determining strengths and weaknesses.

II. Individualized Educational Programming

The teacher notes from the results the skills next in the developmental sequence which the child does not have. She then determines which of these skills plus how many of these skills she can teach in a given period. These skills then become a part of the child's educational program.

III. Educational Evaluation

A continuous record is kept to record the child's progress in mastering the skills assigned. At periodic intervals, the teacher re-evaluates to determine if the child ahs mastered the assigned skills and to determine if she has been successful in teaching the assigned skills. She plots this information on the individual profile. She can then see if gain has been made educationally and developmentally. A new cycle then begins with the re-evaluation serving as a basis for the child's individualized program.

This systematic method of developmental-educational programming for each child will indicate:

1. a child's success in achieving program goals
2. if the teaching-learning process is successful
3. feed back for determining when, how and why the learning situation succeeded or failed
4. structure and meaning to programming process for each child
5. an individualized program based on the skills a child needs to learn in each of the five developmental areas inorder to promote more effective later school learning
6. specific behavioral objectives and learning tasks
7. permit the teacher to continually focus on the relevant and important and avoid the irrelevant and unimportant

8. involve the recording and evaluation of mastery of skills both quantitively and qualitatively

Preschool Program Exceptional Child

The handicapped or potentially handicapped child is an integral part of the Preschool Program. However, if the initial assessment indicates a problem or if a problem already exists, the child must undergo further evaluation to determine how we can best meet his special needs. While undergoing this evaluation, the child is placed in the regular program where it is possible, while the further evaluations are being conducted.

I. Intensive Diagnostic Evaluation

1. Continued teacher observation.
2. Educational evaluation utilizing such instruments as the ITPA, Frostig, Purdue Perceptional-Motor, VMI, Peabody Language, Beery, etc.
3. Special evaluations as needed: hearing, vision, speech, physical, psychological, neurological, orthopedic, etc.

Liberty County, because of its relatively isolated rural area, utilizes the services of the Community Mental Health Clinic in Tallahassee, Florida State University Speech and Hearing Center, Children's Medical Services, and Easter Seal, all of which are at no cost except occassionally transportation because of the fifty miles distance.

II. Staffing

Following the intensive diagnostic evaluation a staffing session is held. The results are compiled along with other pertinent data and recommendations are made for

placement, educational programming, referral to other agencies, and corrective treatment when possible. The staffing committee consists of: the Director, Educational Co-ordinator, Director of Exceptional Child Education, Health Co-ordinator, Co-ordinator for the Handicapped, and teachers. Involved in staffing when available are: psychologist, physician, speech pathologist, neurologist, physical therapist, optamalogist, etc. Reports and recommendations from these specialists are read when they are unable to attend.

Staffing sessions are designed to make recommendations regarding each referral. Recommendations may be direct services, indirect services, continued evaluation, or referral to another agency. Staffing sessions are held periodically to review progress, placement and new referrals.

III. Direct Services - - Indirect Services

Direct services for exceptional children include: in-depth diagnostic evaluation as needed, prescriptive programming, individualized instruction, parent and teacher training, parent counseling, extended observations, and follow-up services.

Indirect services include: periodic observations, prescriptive programming, parent and teacher training, parent counseling, follow-up and utilization of other agencies.

Parent Program

If children are to reach their fullest potential, there must be an opportunity for their parents to grow and enhance the interaction they have with their own and other children. In addition, parents must feel competent to guide and direct the development of their children. Parents are encouraged to participate in in-service programs and classroom activities. This provides them with the opportunity to become effective in bringing about positive changes in the lives of their children. Parents are provided with a planned and effectively coordinated system of communication that furnished information regarding the program, its services, activities for children, training, committees and community services. Communication is conducted by means of:

1. Parent Involvement Coordinator and Parent Contact Persons
2. Home Visitation Program
3. Monthly Newsletter
4. Newspaper
5. Radio
6. Telephone - - Parent Contact Persons

Special emphasis is given to parents with children who have special needs through a Home Outreach Program, Parents are given assistance in understanding and coping with their child's special problem and are encouraged to visit and observe their child in the program. In addition a Home Outreach service is provided by Preschool staff members through:

1. Home visits
2. Parent conferences - couseling - training
3. Individualized activities, materials and developmental-educational toys for the child that can be carried out by the parent in the home, with directions and demonstration given by a staff member in the home.
4. Follow-up services with other agencies.
5. Parents being involved in appointments and services.

Year End Evaluation

All children are evaluated at the end of the year. Results of these evaluations are compiled and a staffing session is held to recommend placement for the coming year. Four year old exceptional children may reamin at the Preschool for an additional year if teacher observation and professional judgment recommend that the child's needs can best be served by doing so. A close correlation between the Preschool and Kindergarten programs make it possible for the Preschool staff to provide follow-through recommendations and services for children. In addition an assessment of each child's growth and progress for the year is sent to each parent. It contains the following information:

1. Your child exhibited these skills at the beginning of the year.
2. Skills he has acquired since _____ date.
3. Recommended placement for the coming year--Preschool or Kindergarten.
4. Activities for the summer vacation period.

Individual Case Study Record

Case study records are maintained on each child enrolled in the Preschool Program. They contain:

1. Registration - Income Information
2. Parent Interview
3. Permission release for field trip - medical - dental - photographs
4. Health Record - Emergency Procedures
5. Teacher Check list - Observation
6. Pupil rating scale
7. Learning Accomplishment Profile
8. Staffing Report
9. Specific Objectives
10. Parent Involvement Activity Record
11. Year-end evaluation

In addition the Exceptional Child Case Study will include:

1. Exceptional Child Referral
2. Permission for psycho-educational evaluation
3. Permission release other agencies
4. Permission release Preschool
5. Diagnostic reports including outside agencies
6. Staffing and Recommendations Report
7. Prescriptive Program
8. Observation Reports
9. Summary of follow-up services
10. End of the year evaluation
11. Recommednations and follow-through activities

BEH Head Start

During 1973, Liberty County received supplemental funds from the Office of Child Development and the Bureau of Education of the Handicapped to provide training and technical assistance in various areas of exceptionalities to Head Start agencies in the northern part of Florida. The focus of this effort is to develop the skills and knowledge of Head Start teachers in understanding and coping with handicapped children in their regular Head Start Programs. The specific objectives of the Liberty County Outreach Program are:

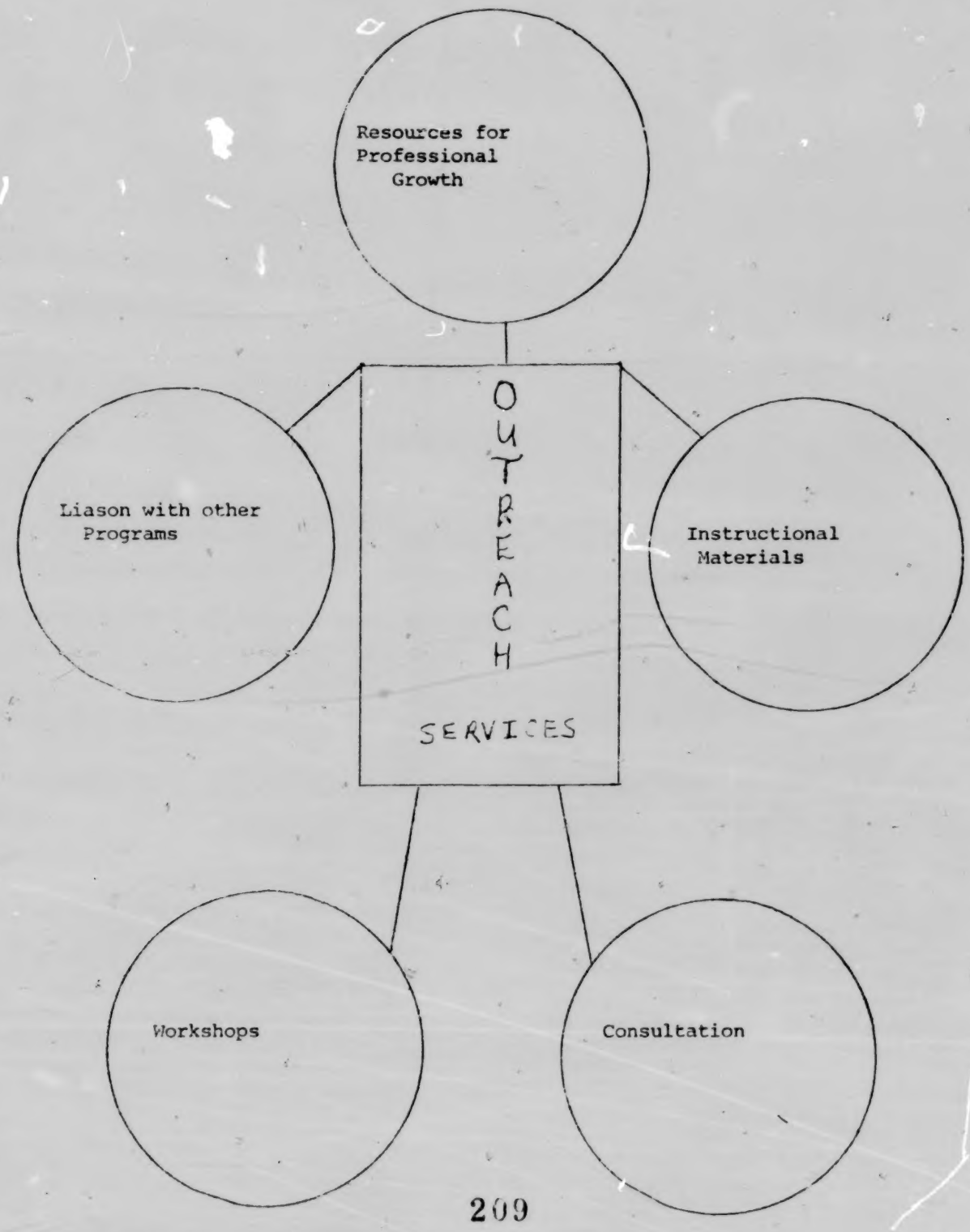
1. To provide direct training and technical assistance to the Head Start agencies in Clusters I and II in the State of Florida to serve handicapped children.
2. To provide state-wide training for the handicapped in collaboration with the other two specially funded programs in the State of Florida.
3. To collect data on handicapping conditions served, training conducted, and report to the State Co-ordinator.
4. To develop, compile and disseminate media, and materials in all six handicapping areas--main thrust the visually handicapped and emotionally disturbed.
5. To develop a comprehensive resource list--main thrust handicapped and emotionally disturbed.

6. To develop instructional materials and packets for Head Start teacher training.

The Liberty County Outreach Program provides services to meet the specific needs of its satellite centers. Training and technical assistance are provided by means of:

1. State-wide workshops
2. Cluster workshops
3. On-site workshops - Bristol Center and satellite centers
4. Needs Assessment
5. Resources
6. Consultation
7. Liazon Services
8. Instructional Materials - Media
9. Resource Lending Library

Components of Outreach Services



COMPONENTS of OUTREACH SERVICES

RESOURCES for PROFESSIONAL GROWTH: Our center has collected books, pamphlets, ERIC documents, journals and newsletters about children, exceptionalities and teaching. These resources, available to all staff members in all local grantees assigned to Outreach, provide a means for continuous professional development.

WORKSHOPS: One of the major training delivery formats - utilized by Outreach is the workshop. These may occur on-site at a local grantee with all staff members participating, on a cluster or state basis with selected staff members participating. In this case, participants must return to their center and provide follow-up training.

CONSULTATION: Another major training delivery format is consultation. The Outreach Training Coordinator serves as consultant during on-site visits or during phone conversations. She may suggest other agencies, provide resources, or develop training materials.

LIASON WITH OTHER PROGRAMS: If Outreach is aware of another program who has experienced problems similar to a local grantees or who might be able to offer specific resources, Outreach serves as liason between the two programs.

INSTRUCTIONAL MATERIALS: Since special needs of all children may be met, in part, by the combination of good teaching and appropriate materials, Outreach provides training in the use of instructional materials.

STAFF ROLES AND SKILLS

Types of Staff:

Director:	Administration-Supervision
Outreach Coordinator:	Supervision-Demonstration-Training
Educational Coordinator:	Supervision-Demonstration-Training
Media Assistant:	Demonstration-Instruction
Teachers (3):	Demonstration-Instruction
Teacher aides (5):	Demonstration-Instruction
Health Coordinator:	Direct Services-Instruction
Secretary	
Clerk-typist	
Lunchroom personnel (2)	
Program for the Elderly	
Neighborhood Youth Corps (2)	

COMMUNITY AND REGIONAL RESOURCES

Division of Family Services

Health Department

Lion's Club -- glasses

County Demonstration Agency

School System

Newspaper

Appalachee Mental Health

County -- Crippled Children

Technical Assistance Agreement Outline

Bristol, Florida - Head Start

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
To develop competencies among the staff in utilizing language development materials.	To develop competencies among the staff in utilizing language development materials to increase receptive and expressive language in the children.	1. Bristol project will send listing of materials they have that can be used in language development. 2. TADS will send a language development consultant to the Bristol project for 2 days. If possible, this should take place on teacher planning days - October 25-26, 1973.	1. Technical Assistance Evaluation reports shall be filed in the TADS office both by the project director and the TADS consultar
A plan for a parent program.	1. To create an awareness among the staff of the importance of parent involvement. 2. To develop a parent program plan that encompasses parent participation, information exchange, emotional and social support and parent-child interaction.	1. TADS will send a consultant to Bristol for 2 days who will work with the entire staff on "why parent involvement is important". The consultant will also work with the parent involvement coordinator and the PAC to develop parent plans.	1. A copy of the parent program plan shall be filed in the TADS office by November 1. 2. Technical Assistance Evaluation reports shall be filed in the TADS office by Novembe 1 by both the project director and consultar

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
		If possible, this should take place on October 25, and 26, 1973, which are planning days.	
An information search on materials to use in the Outreach effort.	To review existing materials in the following areas: 1. Prepared training materials that would be suitable for use with Headstart staff on the following handicapping conditions: a. emotional disturbance b. visual handicaps c. speech impairments d. hearing impairments e. othorpedically handicapped f. mental retardation	TADS will conduct an information search to locate training packets.	1. An annotated list of available training materials will be sent to the Bristol project by November 15, 1973.
To be oriented to other models for serving preschool handicapped children.	To orient staff members to other models for serving preschool handicapped children.	The Bristol staff will visit preschool programs in Nashville, Tennessee. TADS will support expenses up to $450.	Each staff member will submit a written reaction to all programs visited. TADS will receive copies of reports.

Technical Assistance Agreement Outline

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
		Bristol project will proyide the additional support, TADS will make arrangements for the visit. If possible, the visit will be scheduled for October 4, and 5, 1973, as this is a teacher planning day.	
On-site assistance in the development of desimination materials and instructional materials.	To plan for the development of media that includes: 1. brochure and slide tape about the Bristol project. 2. development of instructional materials.	TADS media consultant will visit the project for 2 days by December 1, 1973, to discuss and plan production of: 1. slide tape; and, brochure 2. instructional materials	Technical Assistance Evaluation reports shall be filed in the TADS office both by the project director and TADS consultant.

REPLICATION PRODUCTS

1. Integration of 3, 4, 5 year old handicapped, economically disadvantaged and normal children in a common early education program

2. Comprehensive resource, file main thrust--visually impaired - emotionally disturbed

3. Resource manual for developing Outreach Services

4. Individual Case Study - recording - keeping forms

5. Outreach Training Materials entitled "Bunches of Stuff"

PROJECT PLUS

An O.C.D. Demonstration Project for the
Integration of Handicapped Children into
Head Start Programs
Ms. Cissie Deitz, Project Director
Tucson, Arizona

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PHILOSOPHY

The program is designed to encourage the development of each child as an individual and, in so doing, to meet Head Start goals of: (1) developing a good self-concept for each child, (2) expanding and improving the child's language and ability to reason, (3) expanding his experiences through interactions with varied people and situations, and (4) promoting his emotional, social, and physical development.

Parent and community volunteers play a vital role in providing the one-to-one relationships necessary to the implementation of this philosophy. Parent participation and a bilingual and multi-racial teaching staff enable enrolled children from many cultural backgrounds to see models with which each child can identify and also provides a base from which an understanding and appreciation of other cultures can grow.

The following goals have been excerpted from the proposal under which Project PLUS was originally funded. The goals listed there include:

1. The development of curriculum models best suited to the needs of the mainstream classroom into which handicapped children have been integrated.
2. The development of a staff training program which will accomodate the many staff needs brought to a classroom by handicapped preschoolers.
3. The development of a meaningful and effective parent education program which involves parents in the classroom and the home.
4. The development of a coordinated system which would maximize the effective delivery of community services to handicapped children.
5. The development of lines of communication and capabilities within the public school structure to insure the acceptance of handicapped children.

FY 74

TARGET: Project Children /Tucson, Arizona

GOAL: 1.0 To develop curriculum models best suited to the needs of the mainstream classroom into which handicapped children have been integrated.

OBJECTIVES:	ACTIVITIES:	EVALUATION:
1.0 The project staff will develop a curriculum based on a learning model rather than a deficit model by June 30, 1974.	1.0 Development of a diagnostic classroom for observation of pre-school children for diagnostics and prescription for Head Start placement and activity planning. a. a general curriculum usage plan b. procedures for individualizing curriculum c. a record file for each child in the special needs project d. compilation of first year curriculum materials & procedures e. listing resources secured to meet the needs of individual children f. develop a plan for a pilot program to develop assessment and planning techniques g. develop a strategy for diagnostic use of regular classrooms h. keep diagnostic scores for each child i. develop a strategy for screening and follow-up to identify special needs children	1.0 25% of identified handicapped children identified through diagnostic classroom 1.1 95% of project children have had diagnosis and prescription based on diagnostic classroom. 1.2 Curriculum developed individually for project children based on diagnosis

PROGRAM PLAN OUTLINE

Tucson, Arizona

ARGET: Project Staff

OAL: To develop a staff training program which will accommodate the many staff needs brought to a classroom by handicapped pre-schoolers.

BJECTIVES:	ACTIVITIES:	EVALUATION:
1.0 By June 30, 1974, positive attitudes about individual differences will be developed among Head Start field staff.	1.0 Develop a survey research design to assess staff attitudes. 1.1 Summarize survey findings. 1.2 Develop a training plan for Head Start staff, based on survey findings. 1.3 Reports of specific training sessions. 1.4 Development of Teacher Information Packets (T.I.P.) to guide instruction and give instructional tips. 1.5 Keep records of on-going consultations with Head Start Staff.	1.0 To occur at the completion of funding t
2.0 Staff competance as in-house trainers will be developed by June 30, 1974.	2.0 Observation of other projects delivering special services to pre-schoolers. 2.1 Develop training plan for Project Plus staff. 2.2 Develop plans for workshops and conferences held to train project staff and regular Head Start staff. 2.3 Develop a file of instructional resources including a bibliography,	2.0 List of staff competencies. 2.1 Evaluation on staff competencies.

PROGRAM PLAN OUTLINE

ARGET: Project staff (con't) Tucson, Arizona

OAL:

BJECTIVES:	ACTIVITIES:	EVALUATION:
	reviews of relevant literature, and materials for use in program development. 2.4 Develop a list of competencies acquired by Project PLUS staff	

PROGRAM PLAN OUTLINE

TARGET: Project Parents

Tucson, Arizona

GOAL: 1.0 To develop a meaningful and effective parent education program which involves parents in the classroom and the h

OBJECTIVES:	ACTIVITIES:	EVALUATION:
1.0 Parents will demonstrate an increase in project participation and an increase of knowledge about community resources available to them by June 30, 1974.	1.0 Develop a file containing all parent training records. 1.0 Maintain records of parent contacts including home visitation records.	1.0 Reorganization of parent program wi cause evaluation to occur at a futu date.

PROGRAM PLAN OUTLINE

Tucson, Arizona

TARGET: Community Resources - Recruitment of eligible handicapped children

GOAL: To develop a coordinated system which would maximize the effective delivery of community services to handicapped children

OBJECTIVES:	ACTIVITIES:	EVALUATION:
1.0 Appropriate community resources will demonstrate an awareness and acceptance of project PLUS as a viable resource for serving the needs of handicapped children. Ten percent handicapped children will be recruited as a result of this effort, by June 30, 1974.	1.0 Send recruitment letters to social services agencies and concerned physicians. 1.1 Develop a general recruitment plan. 1.2 Maintain media contact records, i.e., news releases, T.V. tapes, and radio tapes. 1.3 Develop records of recruitment statistics. 1.4 Develop a general strategy covering procedures for follow-up on services referred. 1.5 Develop a referral form for use by referring agencies. 1.6 Develop a community resource file. 1.7 Develop a file of consulting services and recording procedures for such services. 1.8 Maintaining a record of all referrals. 1.9 Develop strategies for training others to use the referral and follow-up procedures.	1.0 Ten percent handicapped recruited by June 30, 1974.

PROGRAM PLAN OUTLINE

Tucson, Arizona

TARGET: Public Schools

GOAL: To develop a coordinated system which would maximize the effective delivery of community services to handicapped childr

OBJECTIVES:	ACTIVITIES:	EVALUATION:
2.0 Project PLUS staff will demonstrate an increase of communication to familiarize them with resources in the public schools by June 30, 1974.	2.0 Develop a plan to contact the public schools. 2.1 Develop a file containing all contact records. 2.2 Develop the initial stages of a plan to exchange information with the public schools.	2.0 Contacts made with public schools. 2.1 Initial plan for information exchang developed.

INTERVENTION STRATEGY

Five demonstration centers were chosen from the thirteen Child-Parent Centers as representative of the variety of settings available in the four-county area. In order to confront the special problems of the rural and urban communities, as well as deal with a bilingual population in both settings, the sites were designated as follows:

1. Nogales, a border community where the majority of children speak Spanish as a primary language.
2. Marana and Rillito, rural migrant communities.
3. Sunnyside, a bilingual urban community.
4. Southside, a multi-cultural center in the heart of Tucson's low income housing area.
5. Northside, a center serving children from a diverse socio-economic and cultural background without a single identifiable community.

The staff divides their time between a coordinated team approach two days a week and an individual approach three days a week in assigned centers. Work at the center level consists of developing curriculum and working with staff, as well as with the individual handicapped child in the classroom.

The Recruitment and Screening Process

Project PLUS views the recruitment process as a two-pronged effort: screening in the classrooms and processing outside referrals. Classroom screening in the five demonstration centers is nearing completion. The results indicate that about twenty percent of the children are referred for further evaluation. This second step in assessing the children is time consuming. It may take three visits to the University Medical Center to

complete a pediatric examination on a child with delayed development. Diagnosis is not made at this time, however, since the child must still be referred to an appropriate agency for a thorough multi-disciplinary evaluation. This procedure takes an additional two months. Currently involved in the classroom screening are some fifty children.

Outside referrals account for an additional sixty children, not all of whom will be enrolled in Head Start, but who require diagnosis and the recommendation of the Screening Committee even when they are referred elsewhere. While the majority of these children have been diagnosed, assembling their records, contacting the parents, and presenting the cases to the screening committee take a great deal of time. It is apparent that the recruitment of handicapped children requires a sustained effort throughout the year and that it cannot be completed in the first month of school. The documents which follow in this section are provided to give the reader an understanding of the recruitment and screening processes which developed during the initial stages of Project PLUS.

Curriculum Development

Project PLUS is utilizing two avenues for curriculum development. On the one hand, each child is considered in an Individual Needs Assessment (I.N.A.). On the other hand, all types of curriculum modification are being assembled into a comprehensive booklet.

The I.N.A. includes the teaching staff, other staff if appropriate, parents, Project PLUS staff, and any outside agencies that may be involved with a child. Goals are established in four areas: the child's acceptance in the classroom, curriculum modifications, parental needs for counseling or other services, and future placement are discussed. This year, each Project

PLUS child will receive two individual assessments. When the Project is operational from the beginning of the year, three I.N.A.'s will be scheduled.

Project PLUS is in the process of assembling the curriculum resources that have been utilized this year. Ideas from Workjobs, a Montessori booklet, GOAL materials, numerous curriculum guides, and staff developed materials will be included.

The curriculum planning has been coordinated with the educational component of Child-Parent Centers. The project director was included in master planning for the educational component. This master plan provides no separate curriculum for handicapped children because of the planning group's feeling that the goals that were established were the same goals we would have for children with special needs.

STAFF ROLES AND SKILLS

Project Director

Purpose: To supervise and train all project personnel, to plan for curriculum development and other project goals, and to maintain an historical record of the project.

Responsibilities:

a) Daily supervision of project staff.

b) Development of staff training plan in conjunction training resources.

c) Development of parent education plan in conjunction with parent coordinator and social worker.

d) Coordination with community agencies and services toward achievement of project goals.

e) Maintenance of all records pertinent to the project.

f) Preparation of reports for Programs Director and OCD.

g) Work with classroom staff and children at project sites.

h) Maintain contacts with public school officials in order to facilitate the integration of handicapped children after their graduation from Head Start.

i) Ensure that the project receives appropriate community publicity.

j) Provide for visitations to the project and for visitor orientation.

k) Undertake other duties as requested by the Programs Director and required by project goals.

Preferred Qualifications and Desired Experience:

a) Master's degree in special education

b) Work experience with preschool children

c) Knowledge of sound child development practices

d) Knowledge of community resources and consultants

e) Experience in working with different ethnic groups.

Project Assistant (5)

Purpose: To work with center staff in the pursuit of project objectives, to act as a trainer for classroom staff, to work with handicapped children, and to work with the parent education program.

Responsibilities:

a) Work on a regular basis with children and staff at assigned center.

b) Train center staff as required.

c) Work in an outreach manner with the parents of handicapped children.

d) Prepare regular reports on each handicapped child.

e) Ensure timely delivery of required community services or resources.

f) Work closely with public schools to place graduating children.

g) Provide opportunities for visitors to participate in center activities.

h) Undertake other duties as requested by Project Director and required by project goals.

Preferred Qualifications and Desired Experience:

a) Bachelor of Arts degree in early childhood education or Associate of Arts degree in early childhood education with at least one year of experience in the field.

b) Work with special needs children.

c) Knowledge of the Head Start philosophy and guidelines.

d) Experience in working with parents.

e) Knowledge of community resources.

f) Experience in working with different ethnic groups.

The Project PLUS staff will be charged with the primary responsibility of program goals. Five demonstration centers were selected as project sites with a project assistant assigned to each. The roles of the project assistants will include staff support and training, parent education, daily work with handicapped children, coordination with community agencies and regular progress reports on each handicapped child.

The project director will be involved with the training of project assistants and other staff members. Additional duties will include the development of innovative curriculum models to suit individual center needs, the establishment of reliable linkages with community services for the total family, and supervision of all project personnel. The project director will report to the Head Start Coordinator.

Project staff will be available to work with parents and staff in an effort to overcome the difficulties that integration of the handicapped may surface. They will be support staff, as well as staff who are involved in the daily education component. Outreach to the families of handicapped children will be a priority staff responsibility.

Project staff working cooperatively with Center staff will provide a more effective adult-child ratio (1:6) than would normally be possible. Staff will be responsible for recruiting and training reliable and consistent volunteers. Parents, students, senior citizens, and other interested citizens of the community will be encouraged to volunteer in the project, in an effort to place the child-adult ratio at 3:1 or 4:1.

COMMUNITY AND REGIONAL RESOURCES

In order to acquaint the Project PLUS staff with community resources and to establish a cooperative working relationship with the various agencies who serve preschool children, the following organizations and individuals were contacted and briefed on the Project PLUS program and referral procedures:

Tucson Child Guidance Center

Children's Evaluation Center

Pima County Health and Welfare Department

Department of Economic Security Division of Child Protective Services

Crippled Children's Services

Easter Seal Society

University of Arizona Rehabilitation Department

University of Arizona Speech and Hearing

University of Arizona Special Education Department

Cerebral Palsy Foundation

Arizona School for the Deaf and Blind

St. Elizabeth's of Hungary Clinic

Arizona Medical Center

Arizona Training Program at Tucson (ATPT)

Discovery School

Preschool Conference

El Rio Neighborhood Health Center

Roskruge School Learning Disabilities Clinic

Beacon Foundation

Handi-camp

Tucson District #1

Amphitheater School District

Sunnyside School District

Flowing Wells School District

Model Community Services for the Deaf

United Way

Private physicians

Santa Cruz Training Center, Nogales

Family Guidance Center, Nogales

Public Health Clinic, Nogales

Preschool for Mentally Retarded Children, Douglas

Cooperation with Community Agencies

The following chart lists agencies which have cooperated with Project PLUS during the first grant year in the areas of referral, consultation, and other services. (The preceding code details the type of service.)

Code

R ---- Referral
E ---- Evaluation
C ---- Consultation
F ---- Follow-up
D ---- Direct Services, Therapy

Agency Providing Service	Types of Services Provided
Easter Seal Society	R, C, D
Arizona Training Programs, Tucson, Santa Cruz	R, E, C, D
Child Guidance Clinic	R, C, D
Arizona Medical Center	R, E, C, F
Department of Economic Security	R, F

Protective Services Division	R, F
Crippled Childrens' Clinic	R, E, F, D
Children's Evaluation Center	R, E, C, F
La Frontera	C
University of Arizona Rehabilitation Center	E, C, D
University of Arizona Department of Special Education	F, C
University of Arizona Learning Disabilities Clinic	E, C
University of Arizona Speech and Hearing Department	R, E, D
Program Development for Handicapped Indian Preschool Children	C
Preschool Conference	C, F
Arizona State School for the Deaf and the Blind	R, E, C, F, D
Neighborhood Health Center	R, E
Pima County Health Department	R, E
Davis-Monthan Air Force Base	C
Tucson District One Public Schools	R, C, F
Marana Public Schools	C, F
Family Guidance Clinic, Santa Cruz	R, E, C, F, D
Douglas A.R.C. Preschool	R, C, D
United Way	C
Information and Referral Services	C, F
Pima County Welfare Department	R, C, F
Santa Cruz County Welfare Department	R, C, F

Cerebral Palsy Foundation	C
University of Arizona Child Development Laboratory, Department of Psychology	C

Total Number of Agencies: 29

Total Number of Services Provided, by Type:

R ---- 17
E ---- 11
C ---- 23
F ---- 14
D ---- 9

Technical Assistance Agreement Outline

TUCSON (Headstart)

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
1. Assistance in the planning of curriculum programs for handicapped children, especially the identification of curriculum materials.	1. To provide the opportunity for the project staff to become familiar with several curriculum approaches by January 1, 1974.	1.1 TADS will send to the project examples of curriculum materials for handicapped children by January 1, 1974. 1.2 TADS will arrange and pay travel expenses for two staff from the project to visit early childhood programs for the handicapped in El Paso and San Antonio, Texas by December 1, 1973.	1. The project will provide a report to TADS within three weeks after the visit describing the outcomes of the visit, and which materials observed might be useful to th project.

Technical Assistance Agreement Outline

TUCSON

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
2. To develop a series of Teacher Information Packets (TIP's) on various handicapping conditions.	2. To provide informative materials for inclusion in the TIP Kits being prepared on each handicapping condition.	2.1 The Tucson project will inform TADS which handicapping conditions they are planning to cover in their TIP Kits. 2.2 TADS will locate informative materials on each handicapping condition identified by the project and will send those materials to the project by January 1, 1974. 2.3 The Tucson project will send TADS a copy of each completed TIP Kit.	2. List of materials se to the Tucson projec and a copy of each completed TIP Kit on file at TADS.

TUCSON (Cont'd)

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
3. To identify various assessment techniques that can be used for informal assessment of preschool handicapped children in a diagnostic classroom setting.	3. To acquaint the project staff with informal assessment techniques that have been developed in other early childhood programs for the handicapped by December 15, 1973.	3.1 TADS will provide a list of early childhood programs for the handicapped that have been using informal assessment techniques (including name, address, and telephone) and whatever written descriptions are available from those projects concerning their assessment procedures by December 1, 1973. 3.2 The Tucson project will report to TADS which of the materials provided have been useful to the project and any specific requests for further information.	3. A copy of the list provided to the Tucson project and the Tucson project's report on useful materials.

Technical Assistance Agreement Outline

TUCSON (Cont'd)

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
4. To locate and become acquainted with bi-lingual materials that could be used in working with parents of handicapped preschool children.	4. To acquaint the Tucson staff with bi-lingual parent programming materials developed in other early childhood programs for the handicapped that serve a similar Spanish speaking population.	4.1 TADS will contact projects within the First Chance Network that serve Spanish-speaking populations and obtain whatever bi-lingual parent programming materials they have developed. TADS will send a list of these projects along with the materials to the Tucson project by December 1, 1973. 4.2 The Tucson project will report to TADS which of the materials provided have been useful in the parent program, and any specific requests for further information.	4. Copies of the list sent by TADS and the Tucson project's report.

REPLICATION SUGGESTIONS

Information gathered by project staff will be packaged according to the parameters of the listed goals. In this manner data will be made available on either the entire scope of the project or on a component part.

The following replicable procedures and policies have been developed:

1. Screening committee
2. Diagnostic classroom
3. Staff Attitudes Questionnaire
4. Referral Form -- The Tuscon Preschool Conference has endorsed the Referral Form for city-wide use for fall 1974-75. A division of nursing at the Arizona Medical Center has incorporated the Referral Form into part of its student training.
5. Simulated Handicap Workshop -- The concept of the Simulated Handicapped Workshop has been used at the Arizona Training Program and Pima Community College.

THE PORTAGE PROJECT

Cooperative Educational Service Agency #12
Technical Assistance Outreach Project
Portage, Wisconsin
Mr. David E. Shearer, Director

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PURPOSE

The Portage BEH/OCD Collaboration Project is currently serving classroom and home based Head Start programs in three Community Action Council areas of Wisconsin: 1) Dane County, 2) Central Wisconsin, and 3) Stevens Point. The thrust of the program has been to provide preservice training and ongoing assistance to Head Start teachers enabling them to follow the Portage Model in terms of assessment, curriculum planning, and instructional method. Although all children served in these programs are included in the target population, emphasis is placed upon increasing the development of handicapped youngsters.

Preservice training included discussion of formal and informal assessment, training in the use of the Alpern-Boll Developmental Profile, training in precision teaching and other behavioral techniques, and use of the Portage Guide to Early Education and the Portage Guide Checklist. Additionally, a "crisis teacher" is available from the Project on a weekly basis to assist in the targeting of behavior for change, and the planning and implementation of prescribed activities.

History

The Portage Project was originally funded in 1969 by the Bureau of Education for the Handicapped (BEH) to develop a model preschool program for handicapped children. The project is a home intervention-precision teaching model which directly involves parents in the education of their children by teaching parents what to teach, what to reinforce and how to observe and record behavior. The project is now 1) in its fifth year of operation, 2) completely funded by the local school districts with support from the State

Division for Handicapped Children, and 3) serving 145 children in the CESA #12 district.

Goals of the Project

The project was designed to serve both the Central Wisconsin Community Action Head Start Program (Wisconsin Dells Head Start) and the Dane County Home Visitation Program. The Wisconsin Dells Program is classroom based and the Dane County Program is home based. Although the delivery system for providing services to children was different, the basic goals of the project are the same.

The basic goals of this project were:

A. To train teachers, aides and parents to:
   1. Aid in assessing present behavioral competencies of individual children.
   2. Pinpoint emerging behaviors of individual children.
   3. Teach recording procedures - baseline and post-baseline.

B. Provide technical assistance for children with special needs by referring through normal Head Start referral channels to:
   1. speech therapy
   2. medical evaluation
   3. psychological evaluation
   4. crisis teacher for individual work and staff training and developing prescriptive goals based on an educational evaluation
   5. Developmental Evaluation Center - Central Colony

C. Develop and implement a program for carry-over of precision teaching techniques into the home with parental recording of data at home and pre and post baseline taken by Head Start staff.

D. Develop weekly in-service meetings devoted to curriculum planning and implementation.

E. Provide dissemination and encourage replication of program phases.

1. Dissemination

a. conferences

b. newspaper articles

c. workshops

d. local service groups

e. slide-tape A-V presentations

2. Replication

a. target groups - other Head Start Programs and Day Care Centers

F. Provide carry-over into school by:

1. Information meetings with school personnel (specifically all kindergarten teachers in Head Start area - done separately on a school district basis)

2. Providing kindergarten teachers with a "developmental profile" of child's present level of functioning in five areas of growth and a list of emerging skills.

3. Being available to the teachers during the year - on request.

G. Provide on-going evaluation of:

1. Children

2. Parental involvement

3. All aspects of training program using pre and post tests and success ratio of prescription implementation.

H. Further increase the enrollment of handicapped children in Head Start and Home Start Programs.

I. Development of a specific plan of services for fiscal year 1973-74 and fiscal year 1974-75. This proposal will include:

1. Needs assessment Dane County Home Visitation Program

2. Needs assessment CWCA Head Start Program
3. Preservice and in-service for all Dane County Home Visitation teachers
4. Preservice and in-service for CWCA Head Start teachers

Thus, following the initial proposal period, emphasis be changed to: 1) assisting in providing training to new staff members in programs served, 2) providing service to all Dane County Home Visitation teachers, and 3) providing service to CWCA Head Start teachers.

INTERVENTION STRATEGY

Dane County Home Visitation Program

The home visitation teachers visit the parent and child at home weekly. Educational activities are planned to include teacher, parent and child. The program is designed to contribute to the growth, education and unity of the entire family. This program is serving children in the Madison metropolitan area. The staff is currently comprised of two full time and one half time teachers and one parent worker (social worker). The current caseload for a full time individual is sixteen children and their parents. The selection of these families has been on the basis of : (1) Head Start income guidelines, (2) need of the child and families, (3) the parents have expressed a preference for this type of service, (4) by selection committee of staff and of veteran or returning parents from the home visitation program.

Central Wisconsin and Stevens Point Classroom Program

The Central Wisconsin Community Action Council Incorporated operates seven full year Head Start programs. The program serves twenty children per classroom and operates five days per week, seven hours per day from September 1

through May 31. Several components make up the total Head Start program: education, health, psychological services, social services, nutrition, parent involvement, and evaluation.

Integration of Handicapped and Nonhandicapped Children

The integration of handicapped and nonhandicapped children will be different for the two phases of the project, the CWCAC Head Start and the Dane County Visitation Program.

The CWCAC and Stevens Point Head Start

The project will provide the CWCAC Head Start with an ongoing training program in assessment, recording procedures, and precision teaching techniques. By providing the teachers and aides within the attendance centers with the skills and competancies to provide individualized instruction, the project will enable most handicapped to be served in the existing classrooms.

Thus, the project will further aid the Head Start staff in serving handicapped children and will develop a replicable approach to staff training.

Dane County Home Visitation Program

The project will provide the Dane County Home Visitation Program with an ongoing preservice and in-service to train the teachers in assessment, recording procedures, and precision teaching techniques. The materials, and curriculum presented will be the same as those that have been utilized by the Portage Project for three years. This approach (provide trained teachers and materials to parents so that the parents can become more effective teachers) has been very successful.

The Home Visitation approach will enable a teacher to provide services to both handicapped and nonhandicapped children at home. This also will enable Head Start to provide service to severely handicapped children and/or children for whom distance and/or age makes a classroom unfavorable.

Parent and Family Participation

Head Start programs have consistently stressed the importance of parent involvement in program planning and implementation. Parents of children with special needs will likely have special needs themselves therefore their involvement in the program is especially crucial. The parent is always the major educator of the child, however, parents of handicapped children often need additional skills in teaching techniques and knowledge of child development in order to stimulate maximum growth of the child and maximum carry-over from the classroom to the home.

This project will be serving handicapped preschool children and their families with the major emphasis on: (1) classroom instruction and parental carry-over into the home (CWCAC & Stevens Point Head Start), and (2) teaching parents and the family to teach the handicapped child with all instruction taking place in the home (Dane County Home Visitation).

Special emphasis will be given to the following areas:

A. Assistance in understanding and coping with their child's handicap.

A needs assessment will be administered to parents of targeted children. This needs assessment will aid in defining problems and areas of concern as the parents see them. In addition, the parents will aid in providing answers to developmental questionnaires. (Portage Guide to Early Education, 1970; Alpern-Boll Developmental Skills Age Inventory - Experimental Edition, 1969) This information will pinpoint what the child is able to do now and what he is ready to learn next. The major emphasis will be on the child's strengths, not his handicap. Behaviors the child already exhibits will determine the curriculum -- not the handicap label. Parents will have consistent input in curriculum planning together with the Head Start or Home Visitation teacher. The parents will carry out teacher-parent prescribed activities at home and will record the child's behavior on these prescriptions on a daily basis.

Parents (and teachers) will keep an ongoing record of the child's progress by updating the "sequential Developmental Checklist" as the child gains behaviors and skills. Parent meetings will be held once a month at each Head Start Center. The parents involved in the Home Visitation Program will also have group meetings throughout the year. In each case, the program content of the parent meetings will be decided on by the parents. If necessary, transportation will be provided either by other parents or staff.

B. Psychological and social work services as well as other services according to need will be provided to parents and children. This project has a trained psychologist on staff who will also function as the evaluation coordinator. Social service agencies exist in each county being served by Home Visitation and Head Start Programs. It is expected that the majority of requests for these services will come from the parents. In all cases, parental agreement will be required before any referral is made. The area is replete with evaluation, diagnostic and planning facilities for parents and children with special needs. The Home Visitation or Head Start teacher will accompany the parents to clinic appointments and will be involved in staffings. Information concerning the child will be given to the clinic staff and suggestions sought from them by the teaching staff.

C. Structured Participation of Parents

The degree of participation by the parents in both programs will be the same; that is, the parents will work with the child on a daily basis on prescribed curriculum. The implementation of the goal will be somewhat different because of the two different delivery systems. The parents of the targeted children attending the CWCAC Head Start program will participate in the classroom program one day per week. If both

parents work and cannot attend the classroom program, home visits will substitute for classroom participation. Transportation to the classroom for the parents will be provided by bus. During this day, the parent will observe her child as the teaching staff works on prescribed curriculum. This curriculum will involve academic, socialization, self-help, language and motor skills. This individualized curriculum will be written on activity charts. The teaching staff will take baseline data as the teaching tasks and methods are demonstrated to the parent. Parents will be encouraged to contribute to the curriculum through the needs assessment and Head Start classroom visit. The parent will then work with the child on the prescribed activities. This will allow the teacher to make additional suggestions like "You are giving too many clues" or "Praise Johnny when he is right". The activity charts will be taken home by the parents and the family will carry-out these prescriptions on a daily basis. The parents will bring the activity charts when they return to the classroom the following week. Post baseline data will be taken by the teacher and based on this data, new prescriptions will be introduced or previous prescriptions revised. Although materials will be available for the parents to take home and use, every attempt will be made to utilize the materials already in the home and to teach parents to make materials for their children's use. Instruction and help will be given to the parents in making maximum use of material available during the one day per week spent in the classroom.

The Dane County Home Visitation Program will be patterned after the "Portage Project". The Home Visitation teacher will, after assessing the present behavior of the child with parental help, prescribe sequential developmental activities in self-help, socialization, motor, language and

motor skills. The home visits will be made on a weekly basis. Curriculum development, baseline, daily teaching and recording of the child's behavior and post-baseline will be an integral facet of the program as described earlier.

Parental involvement is crucial to the success of the project in the three locations. The goal of the parental component of the project is to teach the parent what to teach, how to teach and accurately observe and record prescribed behavior of their child on a daily basis.

STAFF ROLES AND SKILLS

The staff of this project will be comprised of a Project Director, Training Coordinator, Evaluation Coordinator, Child Development Specialist, and Paraprofessional Instructor. Their specific roles and responsibilities are outlined below.

The members of the staff will function as a team but individual members will be available to assist individual teachers with specific problems. Rapport will be developed between the staff of this project and teachers so that the teachers will feel free to call upon their expertise. Each staff member will maintain a schedule at the CESA central office so they can be contacted easily.

Staff meetings between this project and the CWCAC Head Start Program, Stevens Point Head Start, and the Dane County Home Visitation Program will be arranged cooperatively between the Project Director and the supervisors at the respective Head Start and Home Visitation Projects.

(1) Project Director 30%

Responsibilities:

A. Administration of the project

B. Supervision of project staff

C. Assist Head Start Directors in implementing educational programs introduced by project

D. Assist in training program

E. Assist in evaluation activities

F. Project disseminator

G. Project budget

H. Project reports

(2) Training Coordinator 40%

Responsibilities:

A. Develop and implement training program

B. Assist in selection and investigate availability of appropriate educational materials and equipment

C. Assist Head Start and home staff in implementing educational program

D. Assist in evaluation procedures

E. Develop materials for program

F. Assist in dissemination activities

(3) Evaluation Coordinator 20%

Responsibilities:

A. Develop an evaluation model that is applicable to this project

B. Develop evaluation techniques that can be used to evaluate the specific objectives of this project

C. Implement evaluation techniques for the evaluation of the objectives of this project

D. Assist in training program

E. Assisting teachers of children - psychological problems

F. Assist in dissemination activities

(4) Child Development Specialist 60%

Responsibilities:

A. Assist in development of training program

B. Assist Head Start staff in implementing education programs

C. Assist in evaluation

D. Assist in dissemination activities

(5) Paraprofessional Instructor (40%)

Responsibilities:

A. Assist in training program

B. Assist Head Start staff in implementing education programs

C. Assist in evaluation

D. Assist in dissemination activities

COMMUNITY AND REGIONAL RESOURCES

The University of Wisconsin - Milwaukee School of Education, Department of Exceptional Children

The University of Wisconsin - Madison Department of Studies in Behavioral Disabilities

The University of Wisconsin - Stevens Point Department of Speech and Hearing

Division for Handicapped Children, Wisconsin Department of Public Instruction

State Department of Health and Social Services (Central Wisconsin Colony - Development Evaluation Center)

Association for Retarded Children

Local Public Schools

Community Guidance Clinics

Dane County Mental Health

Divine Savior Hospital

Marshfield Clinic

Consultants:

Medical

Psychological

Early Education

Social Services

Special Education

Audio-Visual

REPLICATION SUGGESTIONS

The Portage Project has published "The Portage Guide to Early Education" (experimental edition) which is a developmentally formulated curriculum to be used with children either handicapped or normal, between the mental ages of birth to five years. These materials can be used regardless of: (1) the specific handicapping condition(s), (2) the instructional delivery system (home, classroom, institution), (3) the teacher/child ratio, or (4) the professional status of instructor.

The Portage Guide to Early Education comes in two parts: (1) a Checklist of Behaviors, and (2) a Card File containing curriculum ideas. These materials were developed and utilized by the "Portage Project" staff over a period of four years. Professional educators, paraprofessionals and parents have used these materials as a major source of behavioral evaluation and assessment and as a curriculum guide.

The Checklist and Card File are color coded and divided into five developmental areas: (1) Cognitive, (2) Self-help, (3) Motor, (4) Language and (5) Socialization. The Portage Guide to Early Education can aid in assessing present behavior, target emerging behavior, and then in helping the instructor to provide techniques of how to teach each behavior - yet always adjusting goals and techniques for each individual child.

Another replicable product is the Portage Project's Inservice Training Program.

Overviews - The Portage Project's Inservice Training Program is designed for teachers of preschool and primary aged children. It is designed to be applicable to both classroom teachers and home teachers.

Goals - The goals of the inservice training program are:

(1) To provide teachers with an orientation in child assessment techniques.

(2) To train teachers in the basic techniques of precision teaching and behavior modification.

Program Description - The training program is five days in length, from 9:00 in the morning to 3:00 in the afternoon. The sessions are all specifically aimed at meeting the goals of the project. Sessions that require new vocabulary or have as an objective, the teaching of new techniques are pre and post tested so that the program staff can identify areas that need to be re-emphasized and so that it can be assured that program participants have learned the vocabulary and techniques taught. Participants are also actively engaged throughout the sessions. For example, the writing of behavioral objectives is not just talked about. The participants are required to write behavioral objectives so that they can practice a new skill and the program staff can evaluate their progress.

Staff - The program staff is comprised of individuals from the Portage Project. All have experience in using the assessment techniques, precision teaching, and behavior modification in home and classroom environments.

Background and Evaluation - The training program was developed out of a need for the Portage Project to train its own staff. During the developmental period, staff become more skilled in presenting the program and the program was modified to better meet the needs of the participants. It was also learned that the program could not only meet the training needs of the Portage Project staff but could also meet the staff training needs of other educational programs helping young children. The training program is modified to meet the needs of the participants. For example, when the participants are classroom teachers the emphasis is on precision teaching in the classroom and

when the participants are home teachers, the emphasis is modified to teach the techniques of working in the home. The evaluation of the training program indicates that the teachers do learn the techniques of precision teaching. A significant difference was found on the pre and post testing of areas where skills and vocabulary were taught. Future inservices will pre and post test only in these areas. The evaluation of the program also indicated that more time should be devoted to the writing of behavioral objectives.

Teacher reaction to the inservice has been overwhelming as indicated by their comments written after the completion of the training.

The training program is effective in bringing to teachers some of the skills and techniques they need to be effective. It is felt that this program coupled with an ongoing weekly inservice and supportive help to implement what has been learned is an effective way of helping teachers become more effective.

COLLABORATIVE EXPERIMENTAL HANDICAPPED PROJECT (OCD/BEH)

Outreach: Model Preschool Center Field Program

The Model Preschool Center for Handicapped Children

Alice H. Hayden, Ph.D., Director

Experimental Education Unit

Child Development and Mental Retardation Center

University of Washington

Seattle, Washington

Reported by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

Purpose

In 1973, the Model Preschool Center staff began a Collaborative Experimental Handicapped Project (OCD/BEH) to develop and test replicable models for integrating handicapped with non-handicapped children in Head Start.

Seattle's Central Area Motivation Program was selected for this collaborative effort because that delegate agency operates a year-round program including a Day Care program in which children remain in the several centers for the full day. Further, the four centers in that delegate agency are close enough to the University of Washington to permit the OCD/BEH staff to spend a maximum amount of time working with children and staff rather than traveling to more distant centers. The project has been characterized by staff team-work in facing the many challenges involved in integrating handicapped with non-handicapped children in Head Start. Members of the OCD/BEH staff from the University work actively in the CAMP centers with the CAMP staff in a practical, problem-solving approach to this work.

Integration of handicapped children means far more than merely placing them in a classroom with non-handicapped children. It means providing an environment that makes it possible for handicapped children to interact with their non-handicapped peers. It means, too, individualizing instruction to meet specific needs and arranging total-group and small-group activities so that each child may participate actively. Effective integration also depends on training staff members to meet the special needs of handicapped children. For these reasons, the OCD/BEH project during the first project year concerned itself with developing and testing three closely interrelated basic models: the identification-assessment-referral-follow-up model, the staff training model, and the integration model. The three models -- demonstration models, like Head Start itself -- not only are generalizable to Head Start centers but also should prove useful to public schools and other agencies seeking to extend educational opportunities to young children, especially to young handicapped children. The models should be especially useful in states where "Education for All" legislation is presently planned or being implemented, and where extended services to handicapped children will require new teacher competencies.

Now in its second year of operation, the Seattle Experimental Handicapped Project (Experimental Education Unit/Central Area Motivation Program Head Start Full Day) is concentrating on refining models developed during its first year, and in developing and testing new models. The Project's response to the OCD second-year guidelines was presented in a Management By Objectives format. Those objectives, as well as the detailed steps outlined for meeting them, accurately reflect the staff's approach to the challenge of meeting the national mandate to integrate handicapped children in Head Start.

Models Developed by the Project

Identification-Assessment-Referral-Follow-up Model

The first step in serving handicapped children must, of necessity, be concerned with identifying children needing special services and, in many cases, with individualizing their instruction. Most communities provide some diagnostic and treatment services in addition to those commonly available through Head Start. But it is not always easy to determine all the services available in different geographical areas, and there may also be limitations on the type and extent of services provided by certain agencies. Further, there must be follow-up to make certain that treatment or corrective devices such as glasses and hearing aids are indeed being provided those children who need them. Efforts spent on screening and diagnosing problems are of little value unless something is done about those children who are identified as having special needs.

The staff's objective was to develop and test an Identification-Assessment-Referral-Follow-up Model to permit identification of handicapped children, on-going assessment of their progress, referral for needed treatment and services, and follow-up to make certain that needed treatment and services are provided for handicapped children in Head Start programs. This model was developed to assist Head Start personnel in assessing the type and extent of services available in different communities and in following-up to make certain that services and necessary treatment are being provided. In some cases, gaps in services can be identified and suggestions are offered as to how communities may seek supplementary services.

This model provides for the systematic review of all available information about all children admitted to the CAMP centers. Recommendations based on the results of medical examinations and screening tests frequently indicate special needs of individual children. Systematic observation of the children in a variety of situations and daily health checks may indicate other possible needs for special services. Data are recorded and staff members report any concerns they may have about individual children. Conditions which can be wholly or partially remediated by special devices such as glasses, hearing aids, etc., are noted, and special assistance is requested for children having such needs. The basic policy is to over-refer rather than under-refer if there is a possibility that a child might benefit from special treatment or service. Early attention and treatment may prevent the compounding of problems. In addition, such attention can allay the fears of staff members who may wonder if they are doing all that they can to help a particular child.

On-going assessment provides a basis for detecting some subtle types of handicapping conditions and helps the staff recognize the fact that children's needs are not static. A child who has had a severe cold may develop an ear infection, which, if not treated, might result in some hearing loss. Daily health checks may detect problems early. The nurse may then be asked to see the child and to seek treatment assistance if necessary.

A number of community organizations have actively participated in developing the model and have offered to assist with its further refining and testing. Efforts are being directed toward coordinating services and toward establishing

cooperative relationships with additional community organizations providing special resources. Other Head Start delegate agencies in the area and programs such as the Model Cities Day Care program in Seattle provide numerous opportunities to test the model that has been developed and to identify additional areas where specific programs or services are required.

Staff Training Model

Physical examinations and initial screening of Head Start children will not identify all children having handicapping conditions. There are some types of handicaps which may be determined only through ongoing assessment by those who have an opportunity to work with and observe children over a period of time. For example, children with behavior or emotional problems may not always be identified at the time they are admitted to the Head Start centers. Learning disabilities, some speech deficits, and certain developmental lags and health problems may be identified only as staff members work with children on an extended basis.

Most staff members had had very little training in the ongoing assessment of handicapping conditions; they needed training in systematically observing children as the basis for collecting information which may indicate the need to refer a child for more specific diagnosis of his problems. Head Start personnel in this project receive training in the ongoing assessment of children through systematic observation.

Training is also necessary to help Head Start staff meet the educational needs of handicapped as well as of non-handicapped children in their programs. Thus the staff receive training in helping children develop self-help, communication, fine and gross motor, social, and cognitive skills. They are also trained in techniques for individualizing instruction for those handicapped children who may -- and frequently do -- have special needs.

The project staff's objectives in developing this model were:

1. To provide staff training in the systematic observation of young children as a basis for ongoing assessment and determination of their special needs.

2. To provide staff training which will further children's development of self-help, communication, motor, social, and cognitive skills.

3. To provide staff training to assist teachers in individualizing instruction for those children whose need for such special attention has been determined by the data collected through systematic observation.

4. To provide staff training in integrating handicapped with non-handicapped children.

5. To develop training materials and packages which can be tested in CAMP prior to use in other Head Start delegate agencies.

There has been little differentiation in training with respect to staff roles. Although it is recognized that administrators, support personnel, and head teachers do have specific responsibilities and differentiated roles to perform, it is nevertheless essential that all staff working in the program, including parents and volunteers, understand the principles and applications basic to the Staff Training Model. The effectiveness of the model depends on consistency in applying the principles involved, particularly the principle of positively reinforcing desirable behaviors.

Further, the effectiveness of the model depends upon good communication and exchange of information about children's individual needs. The staff members can set a good example of integration and cooperation through a team approach--a pattern that must also be instituted among children themselves if true integration is to occur. A team approach permits staff members to perform different functions in the classroom, thus extending opportunities for staff learning and contributing to each team member's interest in accomplishing the program's objectives. All staff members should be able to contribute in many ways to the total program, to help it operate smoothly and to the benefit of all the children.

The performance of different tasks also provides opportunities for each staff member to help assess pupil progress in many different areas. Teaching is challenging: it involves decision-making. But the staff must have data on which to base their decisions for these decisions are essential to planning and developing group and individual activities which promote each pupil's progress. As part of a working team, each staff member's different duties enable him to contribute his own data to program planning decisions. The ability to demonstrate pupil progress--and the correctness of staff decisions--can be very rewarding to all members of the team.

It is important to emphasize that data on child progress can provide feedback not only about the children, but about the program's effectiveness as well. Thus staff members can receive immediate feedback about the success or failure of their own efforts in program planning and management. If children are not succeeding, neither are the staff members responsible for the programs. Failures of pupils reflect failures in programs and are an indication that changes need to be made in programs and/or in staff performance.

The Staff Training Model is competency-based and seeks to enable each staff member to acquire many different competencies as rapidly as possible while at the same time preserving his interest, motivation, and team contribution. It seeks also to maximize the competencies of all staff members and to encourage them to further their own preparation for the important work they have to do with children. Therefore, all staff members are encouraged to progress from whatever their initial level of performance may be and to continue their own progress. Just as the program is designed to move each child toward self-maintenance and independence, so is the Staff Training Model designed to move each staff member toward ever greater self-reliance and competence.

A new component has been added to the Staff Training Model during the project's second year. An important but neglected need of Head Start programs is the need to develop a systematic approach to appraising and selecting materials and equipment for classroom use. All too often, equipment is selected at random from a market that is flooded with goods of widely varying quality and appropriateness, including gimmicks that are of little value in promoting children's basic skills development. Those who select the equipment are often inadequately trained to judge either its appropriateness or its value: they may lack criteria for evaluating the equipment or for relating it to program goals.

The project staff's objective in adding this component to the Staff training Model is to develop replicable mechanisms for forming an equipment and materials selection committee--including teaching staff, administrators, parents--whose purposes would be to:

1. review existing materials and equipment, relate them to the program's instructional goals, and develop criteria for selection;

2. apply those criteria to selection; and

3. train other teaching staff, parents, and paraprofessionals in developing criteria and in selecting equipment and materials.

In developing selection criteria, the committee should address themselves to many questions, including the following:

Are the materials and equipment:
--appropriate for the children's age level?
--appropriately designed for children with handicapping conditions?
--safe?
--directly related to the development of cognitive, fine and gross motor, communication, self-help, social and readiness skills? Will the materials and equipment promote such skills development?
--easy to maintain?
--easy to store?
--durable, well-made objects that can withstand hard use over time?

Will the committee have the opportunity to try out and compare--side by side--different manufacturers' versions of the same equipment? What sort of guarantee does the manufacturer give to the user?

Are the materials chosen with a view to variety so that there are appropriate materials available for individualizing instruction for children who are functioning at different levels of skill development?

Integration Model

The staff's objectives in developing the Integration Model are:

1. To develop and test procedures for effectively integrating handicapped with non-handicapped children in Head Start programs.

2. To develop and test procedures that help all Head Start children move into and be maintained in mainstream programs within the public schools, such as regular public school kindergartens and first grades. (Children who need continuing special services should receive them, but an effort must be made to integrate as many of these children as possible into regular programs.)

The Integration Model, like the Identification-Assessment-Referral-Follow-up Model, is closely linked to the Staff Training Model. As noted before, integration of handicapped children means far more than merely placing them with non-handicapped children. Handicapped children may need some special help in adjusting to the regular classroom environment, but efforts to effect such adjustment must be carefully handled so as not to call attention to the children's particular problems and thus single them out as being "different" from their classmates. Too frequently attempts to integrate normal with exceptional children have resulted in social segregation within a classroom: Handicapped children in one group and normal or non-handicapped children interacting in another group. Teachers must work toward successful interaction among all the children. Non-handicapped children can serve as normal models for handicapped children. But because there are wide variations in the abilities of handicapped children--just as there are among non-handicapped children--emphasis must be placed on the maximum development possible for each child as well as on the social integration of all children.

It should be noted, too, that integration refers not only to integrating handicapped children in Head Start classrooms, but also to integrating Head Start children in regular school programs when they leave Head Start. Clearly, the staff must be able to evaluate each child's ability to be placed in regular programs, and in order to do so they must have accurate, ongoing assessment data. Staff in all of the CAMP Head Start centers are involved in a special program that is designed to identify the needs of children who will enter kindergarten in September. Historically, many Head Start children from CAMP have been rejected by kindergartens because of what has been labeled "a lack of social maturity." The essential purpose of this kindergarten-readiness program is to determine whether or not the children entering the kindergarten or elementary classrooms possess the required competencies or, more specifically, the behaviors comprising the "social maturity" required for success in the new environment.

A further staff responsibility is that of notifying the Seattle Public Schools' Special Education Department--well ahead of time--to reserve places for any Head Start children who may need special services once they leave Head Start. Once again, assessment data are necessary in securing places for the children, and are important in efforts to follow their progress after they leave Head Start.

The systematic observation procedures offered during training greatly assist the Head Start staff in determining the child's needs and progress with respect to the list of competencies determined as necessary for entrance into and maintenance in public school kindergarten programs. Handicapped as well as non-handicapped children receive instruction designed to foster competencies in basic skills acquisition. Thus the performance level of each child toward meeting these competencies can be determined and his instruction can be individualized in areas where he needs special help.

The K-1 Follow-up Model

A Follow Through Program does exist for some Head Start graduates. What does not exist is a model or a method that provides an opportunity to follow up those children and families who do not enter Follow Through programs.

Many Head Start children who do not enter the Follow Through program may begin to fail as early as their first month in the regular school system. This particular model provides the child's parents and his former Head Start teachers as well as his present teacher an opportunity to look as some of the child's ongoing needs. At the same tire, information about needs that were identified among many former Head Starters now in the regular kindergarten or first grade programs can be shared with the local Head Start staffs to insure that future kindergarten children will be sufficiently prepared with the required competencies.

Parents have often complained that they are not asked to be involved in their child's education once he has left Head Start. The K-1 Follow-up Model provides the opportunity and vehicle for parents' continued involvement in their child's education.

Discussions have already been held with Seattle Public Schools personnel in elementary education (K-5) and in Special Education to determine how the project staff can best work with the Seattle Public Schools to implement children's transition from Head Start to public school kindergarten. Such discussions will continue. Documentation of pupil progress provides the basis for determining pupil placement as the children move out of Head Start. Arrangements will also be made for the project staff to follow-up Head Start children as they move into the mainstream or regular classrooms or as they may be served in various types of settings such as resource classrooms, and to determine whether their needs for special services or assistance are being met.

Differential Placement Model

During both project years, the OCD/BEH staff have worked with the CAMP staff in integrating handicapped with non-handicapped children in each of the different CAMP centers. There have been only a few transfers from one center to another for children who could be accommodated better in one type of setting than in another. In order to provide better service to some handicapped children and to make more efficient use of certain staff competencies, however, the staff are interested in developing and testing a Differential Placement Model.

The staff's objective is to make differential placements for children requiring certain types of special services such as special instruction, facilities, equipment, or transportation for medical and other types of treatment. Consideration is given to:

1. Placing certain types of handicapped children in the facility (center) which can best accommodate their particular physical requirements; for example, placing orthopedically handicapped children in a center which does not require negotiating a considerable number of steps. Another consideration is the safety of certain types of handicapped children.

2. Placing certain types of handicapped children in centers which can provide some special benefits for the particular population. For example, there may be advantages to grouping those children who need outside medical or other treatment services in a center which is located near such services in order to reduce transportation time and costs and to make certain that children are receiving the special services they need. There may also be advantages to grouping other types of handicapped children in a particular center to afford the whole group the benefits of some special competencies which may be provided by support staff, consultants, or teaching staff. For example, grouping deaf children together may facilitate meeting some of their special instructional needs. It might also help teachers to manage certain aspects of the program designed to maximize child progress through using hearing aids, total communication, and promotion of interaction with other children. Teaching staff may also require special assistance in working with blind children; both the children and the staff members could benefit from resource people who have expertise in mobility training and other types of special training necessary to maximize the abilities of blind children.

As a general rule, there should be no differential placement of children with the more commonly occurring handicapping or potentially handicapping conditions such as communication disorders (speech and language dificits) and behavior problems. All staff members need training to cope with them. The staff recognize, however, that they may need assistance and supervision in handling the more severe communication disorders and behavior problems. In this collaborative project, members of the Model Preschool Center staff can provide most of the assistance that is likely to be needed in these areas.

Additional Services Provided: Outreach and Replication

In addition to developing and testing models, as reported here, the OCD/BEH staff have been asked to provide some assistance to other local and regional Head Start delegate agencies. The project has been explained to the other delegate agencies and their representatives are aware that the OCD/BEH and CAMP staffs wish to share their results with them and with still other Head Start delegate agencies. The project's primary assistance to other Head Start programs has been through contributions to their training programs; the project staff have also provided technical assistance to other, non-Head Start, projects seeking to integrate handicapped with non-handicapped children. The number of people served in various types of pre-service and in-service programs grows annually.

Members of the OCD/BEH staff have conducted workshops and individual staff members have provided technical assistance in programs such as that provided by Model Cities. A considerable amount of work has also been done with some of the community colleges that have established demonstration Day Care centers for training community college students in Child Development and Family Living programs. Such demonstration Day Care programs are moving toward integrating handicapped children and therefore provide an excellent resource for testing the models developed in this project.

The project's original--and continuing--target group is Head Start-eligible families in Seattle's Central Area. Through replication of project procedures, however, staff efforts have also been extended to another target population: children and families served by Indian Head Start Centers.

The OCD/BEH staff have provided workshops to Indian Head Start programs located in Queets and Neah Bay, Washington. Each workshop has proved to be very beneficial to both the Indian Head Start and the OCD/BEH staffs. One result of the training is a curriculum package and assessment instrument developed entirely by the Indian Head Start staff. The training has also allowed the OCD/BEH staff to test training procedures and materials for replication in programs outside of CAMP. The request to train Indian Head Start staffs has also led to a Reading Program--a seminar series on child development in which teachers and other staff members participate. It is interesting to note that as a result of the Indian Head Start staff's increased ability to implement program objectives, Indian Head Start at Neah Bay will be receiving two grants: one to study child abuse, and another to develop a preschool science center.

The director and increasingly large numbers of CAMP staff have joined the OCD/BEH staff in training sessions and presentations for the following:

a) over 300 people attending sessions of the November meeting in Seattle of the National Association for the Education of Young Children;

b) over 375 participants in the OCD Region IX Head Start meeting in San Francisco in January, sponsored by OCD and CEC;

c) over 100 trainees at a CAMP training workshop at the EEU March 20;

d) over 300 people attending the Seattle-King County Head Start Training Workshop at the EEU March 27-28;

e) over 50 persons attending a session of the national CEC meeting in April, 1974 on Integrating Handicapped with Non-handicapped Children in a Preschool Program; and

f) over 350 persons attending local and regional presentations on specific topics related to integrating handicapped with non-handicapped children.

STAFF ROLES AND SKILLS

The general plan is to make the best possible use of the personnel in both the BEH/OCD programs in the development and evaluation of effective training programs including a package which may be exported for use in other Head Start programs integrating handicapped children.

Project Director

Project Co-Director

Trainer Coordinator

Evaluation Specialist

Communication Specialist

Demonstration Teachers and Trainers

Secretary

COMMUNITY AND REGIONAL RESOURCES

Cerebral Palsy Center of Washington State

Child Development Clinic at Children's Orthopedic Hospital and Medical Center

Children and Youth Clinic (Columbia City Area)

Clinical Training Unit, Child Development and Mental Retardation Center, University of Washington

Division of Maternal and Child Health (Seattle King County Health Department)

Group Health

Harborview Medical Center; Maternal and Infant Care

Harborview Medical Center; Pediatric Clinic

Holly Park Medical Clinic

Odessa Brown Clinic (Model Cities Area)

Pediatric Clinic University Hospital

Seattle Speech and Hearing Center

Spastic Children's Clinic and Preschool

Society for the Prevention of Blindness

Association of Free Clinics

Child Development and Mental Retardation Center

King County Mental Health and Mental Retardation Board

Northwest Center for the Retarded

Region X Action Office

Region X HEW Office

Seattle Model Cities Program

Seattle Public Schools Special Education Department

S.K.E.O.B. Parent Policy Council

State Department of Public Instruction

Washington State Social and Health Services.

THE CHAPEL HILL TRAINING-OUTREACH PROJECT

EARLY EDUCATION INTERVENTION FOR

DEVELOPMENTALLY HANDICAPPED CHILDREN

Anne R. Sanford, Director

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PURPOSE

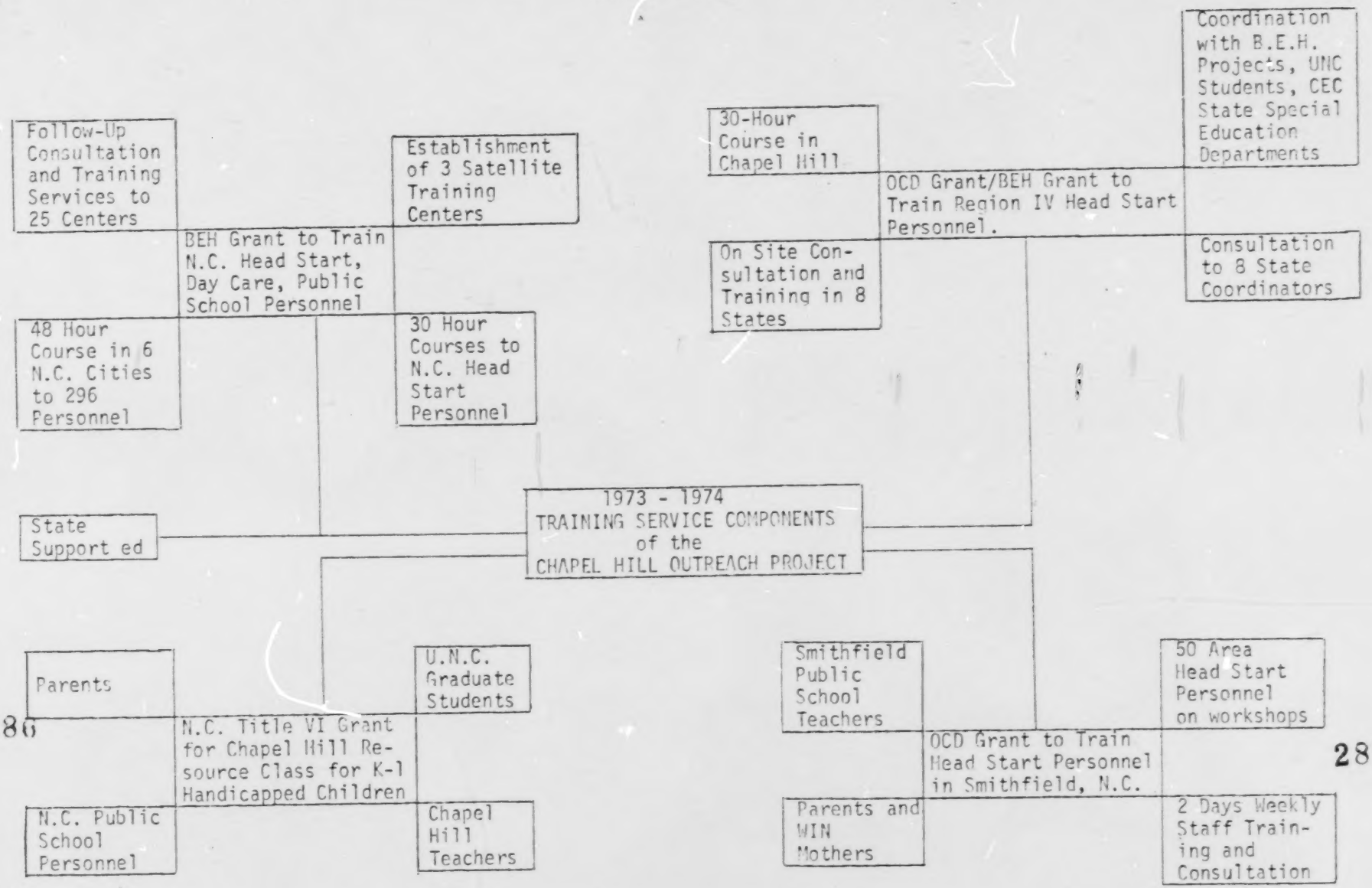
The primary goal of the Chapel Hill Outreach Project is to provide training in early education intervention for young developmentally handicapped children and to promote change in communities through intensive training programs for public school personnel and personnel who staff Head Start and day care programs. Now in its fifth year of operation, the Project staff provide technical assistance and conduct a 48 hour course for more than 300 professionals and paraprofessionals. The workshops consist of methods, materials, and curriculum developed and tested during the Project's four years as a demonstration preschool program.

The Staff also developed and presented additional materials and guidelines for classroom activities and for other program components such as parent and sibling programs. Training and dissemination efforts, now the primary focus of the Project, were initiated and expanded throughout the 69-72 period. The 73-74 activities included a great deal more follow-up work with trainees and on-site consultation to measure training impact and resulting changes in the day care program. This was carried out under the supervision of three "follow-up" coordinators working with satellite "demonstration"centers strategically located in the eastern, central and western sectors of the state.

A notable feature of this project is its practical approach to educational intervention and the extension of this approach to untrained child care personnel. Materials and methods developed by Project staff focus the application of sound educational principles in the group setting and provide teachers with a precise program model within which they can exercise options and innovations.

Specifically the OCD/BEH collaboration grant was to develop a demonstration center for Head Start services to handicapped children in Smithfield, North Carolina. This training service component is just one of four major thrusts of the Chapel Hill Outreach Project (see chart).

ORGANIZATIONS


Coordination with B.E.H. Projects, UNC Students, CEC State Special Education Departments
Follow-Up Consultation and Training Services to 25 Centers
Establishment of 3 Satellite Training Centers
30-Hour Course in Chapel Hill
OCD Grant/BEH Grant to Train Region IV Head Start Personnel.
BEH Grant to Train N.C. Head Start, Day Care, Public School Personnel
On Site Consultation and Training in 8 States
Consultation to 8 State Coordinators
48 Hour Course in 6 N.C. Cities to 296 Personnel
30 Hour Courses to N.C. Head Start Personnel
1973 - 1974
TRAINING SERVICE COMPONENTS
of the
CHAPEL HILL OUTREACH PROJECT
State Supported
Parents
U.N.C. Graduate Students
Smithfield Public School Teachers
50 Area Head Start Personnel on workshops
N.C. Title VI Grant for Chapel Hill Resource Class for K-1 Handicapped Children
OCD Grant to Train Head Start Personnel in Smithfield, N.C.
N.C. Public School Personnel
Chapel Hill Teachers
Parents and WIN Mothers
2 Days Weekly Staff Training and Consultation

INTERVENTION STRATEGY

The thrust of the project's training activities emphasized prescriptive programs for both children and their families. Instructional techniques demonstrated in the classroom and presented in training sessions include behavioral assessment, establishment of developmentally appropriate objectives, task analysis, and the systematic use of reinforcement.

Field work and research resulted in a recognized need for more appropriate methods and curriculum for the handicapped child: although many materials existed for the disadvantaged child, few were suitable for the low level handicapped child, especially one who's non-verbal. A program prototype incorporating behavior modification techniques and prescriptive approach to teaching was developed to address these needs and problems. Applying principles of learning to the development of practical classroom methods and materials has also produced the 44 week curriculum guide and the Learning Accomplishment Profile (LAP).

Instructional Program

The primary objective of the instructional-training program is to assist teachers to provide children with appropriate skills through individualized prescriptive learning experiences. The emphasis is to developmentally assess each child and to develop specific behavioral objectives in seven areas: gross motor, fine motor, self help, social, language, behavior and cognitive. Long range objectives, usually covering a 3-4 month period, are then translated into short term sub-objectives and appropriate sequenced skill acquisition tasks are incorporated into the daily classroom activities. Special school readiness skills are also included in each child's program, and input by the regular K-1 teacher is facilitated.

The Learning Accomplishment Profile (LAP) is typically used to establish objectives and to program appropriate activities. The 44 week curriculum guide may also be used in planning learning activities; the guide suggests three to five correlated activities for each day of the week to be used in presenting concepts such as body parts, clothing, seasons, colors and so forth. Particularly stressed is the coordination of art, recreation, snack and meal time, for example, with the development of cognitive skills, language and so forth.

Strategies used in the classroom include behavior modification, task analysis, and stimulus structuring. Staff emphasize that appropriate tasks must be assigned to each child in order to insure success; which in turn will lead to a change in attitude and self-image. The teacher must avoid the negative experience of failure by using the necessary cues and by modeling the appropriate response. Positive reinforcements are used to reward appropriate behavior: praise and tangible rewards are alternated depending upon the child and his program objectives. Teacher attention focuses on appropriate behavior although intervention techniques are used as needed to redirect behavior.

In order to insure carry-over into the home and regular school setting, the Project maintains both formal and informal communications with the regular teachers, providing crisis intervention as appropriate. Other methods used are: students' public school classrooms, special training sessions for K-1 teachers who receive the Project's children and who have had no previous experience with mainstreaming the handicapped, and a weekly or bi-weekly behavioral report to the parents.

Training and Dissemination

The project provides training and disseminates materials in four general areas:

Behavioral Assessment of the child's skills

Utilization and development of material for the handicapped

Intervention and instructional methodologies including task analysis and behavior modification

Working with parents and siblings in areas such as counseling, interviewing, and training

In-service training primarily addresses the wide ranging needs of more than 400 professionals and paraprofessionals who staff Head Start and day care programs, including administrators, directors, teachers, aides, and support personnel such as cooks and bus drivers. It is provided mainly through credit workshops held at Technical Institutes and Community Colleges in eight areas of North Carolina, through the distribution of training packages, and through on-site consultation.

Strategies used in the workshops include micro-teaching, video tapes, role play and simulations, as well as lectures and small group discussions. Colorful and "catchy" posters are often used to emphasize critical concepts. For example, slogans such as "Little Steps for Little Feet" and "Beat the System, Program Your Own Life" underscore the importance of task analysis and individualized prescriptive program. Training/Learning Packages together with bibliographies of relevant materials are also distributed to supplement the workshop presentations.

The workshop series is geared not only to teach the principles of behavioral assessment, behavior modification, etc., but also to focus on the specific techniques involved.

In addition to the credit workshop training, staff have provided on-site workshop training to Head Start programs and Title I teachers.

Parents

The Project has developed a multi-faceted parent-sibling program intended to serve individual family needs. Direct involvement of all parents with members of the Project staff has been a major overall objective achieved through parent-teacher meetings, home visitations, parent group meetings, and workshops for parents and siblings. Conceptually and methodologically consistent with other program facets, the prescriptive parent activities are relatively structured and incorporate a behavioral approach.

A major part of the parent program is the development of specific behavioral objectives for "distressed" individual parent/child interactions. The objectives are formulated through observation of parent-child behavioral problems -- child temper tantrums, difficulty in temporary separation, and so forth -- or through parental requests for help in developing and carrying out a program of improved child self-help skills, toilet training or language development. The staff hopes that through concrete helping activities such as these, more general changes in parent attitude and feelings will result. Parents are taught and aided in taking base rate data, graphing behavioral data, instituting a systematic modification program and selecting criteria for improvement.

The needs assessment usually reveal different levels of motivation, time, skills, etc., so not all parents need and request intensive help. However, an individualized home program is given to parents with a teacher-suggested list of materials, games, and recreational activities. These

activity listings are within the skill capabilities of project parents, especially in light of their experience in project workship training sessions.

The Project has conducted a number of workshops for both parents and siblings of the handicapped children enrolled. The purpose of the workshops for parents is to provide a basic set of skills and understandings regarding techniques and materials used in the classroom. These workshops (not unlike the training sessions for teachers) incorporate strategies such as role play and video-tape to familiarize parents with the prescriptive teaching model and to teach technical skills such as behavior modification and task analysis. Parents are also invited to observe the classroom and to selectively review materials and records such as the Learning Achievement Profile. Weekly home follow-up sheets are used for implementing the generalizing prescriptive program.

In addition to parent-teacher meetings and home visits, the Project publishes a monthly newsletter and conducts meetings at the center to keep parents informed about project activities, individual child progress, and community services for the handicapped.

STAFF ROLES AND SKILLS

Core staff for the Outreach Project include the Director, 3 Special Education Coordinators, 2 Family Services Coordinators, 3 Secretaries, 2 Demonstration Classroom Teachers, and a part time consulting behavioral psychologist -- all of whom participate in both the design and execution of the training program as well as supervision of the direct service classroom. A post-doctoral student, under the supervision of the consulting behavioral psychologist is responsible for evaluation of the training component and also conducts some staff training in behavior modification. The DDDL demonstration classroom serving 7 children is staffed by a master teacher paid by the public school system and an assistant teacher -- usually one of several student interns available to the Project. Parent volunteers also provide occasional classroom support, particularly during free play, art, and music periods.

Director

The Project Director is responsible for overall project administration, development of materials, dissemination activities, workshop content and design, and coordination of Project activities with other agencies. Although not funded to provide training follow-up services, the Director does attempt to extend some on-site consultation to programs participating in the workshops. Further, the Director's role as a child advocate requires participation in many state and national meetings.

Special Education Coordinator

The Special Education Coordinators, who hold master's degrees in Special Education and Early Childhood Education, are responsible for conducting several workshops and for supervising the classroom teacher. They also coordinate services for enrolled children including placement and consultation with local school teachers who receive the handicapped students in their classrooms. Other duties call for coordinating the activities of student interns and specialists working in the classroom.

Family Services Coordinator

The Family Services Coordinators, who hold master's degrees in social work, work directly with the classroom teacher and parents to provide a continuum of services and support to families of enrolled children. Responsibilities include making home visits and planning parent programs - both individual in-home programs and group workshops. They also supervise two social work students who are now conducting a follow-up study on children previously enrolled in the Preschool's four classrooms. Outreach activities include the preparation of training materials pertaining to parent and sibling programs as well as leading appropriate training sessions.

Classroom Teacher

In addition to their supervisory and teaching responsibilities in the classroom, the master teachers conduct pre-enrollment interviews and evaluations, administer the LAP and several standardized tests, develop long range and daily instructional programs for each child, and maintain frequent communication with both the child's regular public school or day care teacher and his parents.

All staff are continually engaged in the improvement of existing curriculum and training materials and with the development of innovations in both the classroom and outreach program. These activities include the production of multi-media training packages and instructional units in conjunction with the DDL media specialists.

Volunteers

In addition to the parents previously mentioned, classroom volunteers currently include graduate interns in special education and speech. Three speech students provide therapy sessions 6 hours per week, while the special education students work 20 hours per week in either the classroom or in the observation booth timing and charting behaviors. Each of the two social work students also spends approximately 16 hours weekly in project activities such as the parent program, a follow-up study on students previously enrolled in the Project, and evaluation of the training program. Parents who desire to engage in classroom activities may receive intensive volunteer training including a 10 week workshop program, observation of classroom techniques,

discussion groups and video taping. The prescriptive parent program provides for a wide range of volunteer services. As a practicum site for students, the Project conducts orientation sessions and provides on-the-job supervision.

The Outreach Project encourages the use of volunteers, and has devoted one session of its workshop series to this subject. The Project stresses, however, not the value of volunteers, but effective and efficient ways in which volunteers may contribute. To this end, the Project has developed guidelines for volunteers delineating responsibilities as well as "off limit" activities and a list of suggested ways to employ volunteers in the classroom.

Other Responsibilities

Both the Project's Special Education Coordinator, Classroom Teacher, and the Family Services Coordinator conduct a preliminary screening and assessment of a referred child in the child's present setting -- usually a kindergarten or first grade class. They observe behaviors, assess how well the child is accepted by others in the class and review work samples, test results and other information on file. Both verbal and written reports are also solicited from the child's regular teacher. Following a review of the preliminary data collected, the Project's classroom teacher will return to the school to conduct an informal evaluation. Project staff then discuss assessment results with the teacher, the school principal, and the child's parents and contact other agencies as deemed appropriate.

COMMUNITY AND REGIONAL RESOURCES

The Project has extensive linkages with the University of North Carolina (UNC) community and the Chapel Hill-Carrboro community at large as well as with the state-wide community of agencies and professionals concerned with the education of young handicapped children. The Project's affiliation with the University's Division for Disorders in Development and Learning (DDDL) and Training in Early Education for Children with Handicaps (TEECH) programs as well as the Speech and Hearing Institute bring the expertise of various specialists to the program -- for individual pupil instruction and for staff training. The Project's Advisory Council, composed of parents and representatives from nine agencies, provides additional community input. The agencies include B.E.H., C.E.C., regional and national O.C.D., the North Carolina Council on Developmental Disabilities, the Technical Assistance Development System (TADS), the North Carolina Department of Public Instruction, the public school system, the Developmental Disabilities Training Institute, and educational institutions like N.C. Technical Institutes, N.C. Community Colleges, and N.C. Central University.

The Project also receives support from the local Community Action Agency and the Junior Service League, which provide clerical assistance and transportation for children in the classroom, and from Neighborhood Youth Corps members who work for the Project as clerical aides. Additionally, the Project has developed a strong relationship with the Association for Retarded Children (ARC's) and with various civic clubs and associations.

REPLICATION SUGGESTIONS

The Chapel Hill Outreach Project was selected as one of fifty programs for in-depth assessment of its exemplary features and replicability. After an extensive study and on-site visit, the Project was selected as one of twenty exemplary programs representing the areas of Early Childhood Education, Manpower, Career Education and Full Services.

Dissemination of these case studies is designed to aid agencies in developing and implementing quality programs for the education of handicapped persons. Replication focuses on prescriptive teaching strategies (curriculum for group oriented early childhood program) and training strategies with multi-media packages for personnel working with young handicapped children. Models of the LAP and prescriptive program are being replicated in Head Start, public school, Day Care for Handicapped, regular preschool programs, and institutions for the handicapped.

A focal point of the program -- both the classroom program and the training workshops -- is the Learning Accomplishment Profile (LAP): it is representative of the philosophy of developmental assessment, establishing behavioral objectives and implementing an appropriate curriculum. LAP has been designated as the major evaluative instrument for Region VI.

The Learning Accomplishment Profile is a 2-part format intended to increase the teacher's ability to identify more precisely:

a) specific behavioral objectives

b) level of response capabilities

c) appropriate instructional materials and methods

d) evaluation of teacher and pupil achievement

The first section of the LAP is designed to provide the teacher of handicapped preschool children with a simple, behavior-oriented evaluation of the child's existing skills. The second section of the LAP is a task-level hierarchy intended to guide the teacher in planning and sequencing skill development for each child.

LAP has been printed (over 8,000 copies distributed in 3 months) and can be ordered. For those who wish to use the LAP in their classes, quantities of 6-99 may be ordered directly from the Outreach Project. There are also multi-media training packages on LAP available (56 copies of the LAP slide tape show have been distributed).

Ready this summer will be a Curriculum Guide containing 44 weekly units/220 daily plans of correlated activities (to LAP) including group language lessons, art, music, storytelling, snack, games, etc.

The Project has developed approximately 150 handouts that are mailed all over the country. Also in development are several multi-media presentations which will be available for distribution:

"Working with Families"
"Behavior Programs"
Room Organization and Scheduling"
"Individualization in Head Start"
"Goal Setting Using the LAP"
"Language Stimulation in Head Start"
"Resource Services"

Family Manual Available

Two staff members have recently completed writing a handbook entitled Working with Families: A Manual for Developmental Centers. They speak of the strategies described in the Manual as ". . . by no means the only ways to work with families. [The strategies] are intended to stimulate your ideas and

those of the families you serve as you plan together for meeting their needs." Chapters include the following:

Why Have a Family Program?

When do we Begin

Who are the Families?

What Strategies Can We Use?

Where Can We Find Help?

The manual, now available to Outreach Workshop participants, can also be obtained through the Outreach Project office.

OCD-BEH COLLABORATIVE PROGRAM

FOR

HEAD START CHILDREN WITH HANDICAPS

St. Paul, Minnesota

Dr. Jon Boller, Director

Compiled by:

Vernon L. Clark, Ph. D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PURPOSE

The Minesota OCD-BEH Collaborative Program for Handicapped Head Start Children was funded in early 1973 to begin operations on June 1 of that year. It was initiated as a part of an experimental effort to develop and test alternative approaches to more effective delivery of services to preschool handicapped children and their families. Collaboration was built in on the part of all Head Start programs in the State, the BEH funded UNISTAPS program in Minneapolis, and many other state and local programs directed at serving handicapped children.

The program was conceived as a three year effort with the first year devoted primarily to planning and development and the last two years to more demonstrative and replicable activities.

The Minnesota Project model incorporates elements of an assessment-referral-follow-up model, a staff training model, and an integration model, but perhaps the greatest emphasis is on the second, the "staff training" model. The Project has adopted the workshop/follow-up as its "training tool", and has devoted its efforts toward providing TA via cluster workshops throughout the State. Federal funding--and the continuation of this Project--will continue for three years. During this period the Project staff feel that assisting Head Start staff to become self-sufficient and knowledgeable about referral procedures, certain management techniques applicable to non-handicapped as well as handicapped children, some assessment/evaluation procedures, and a basic understanding of the handicapped child developmentally, is of prime importance. The cluster workshop/follow-up has proved to be the most efficient system for implementing this notion.

PROGRAM PLAN OUTLINE
FOR

ST. PAUL, MINN.

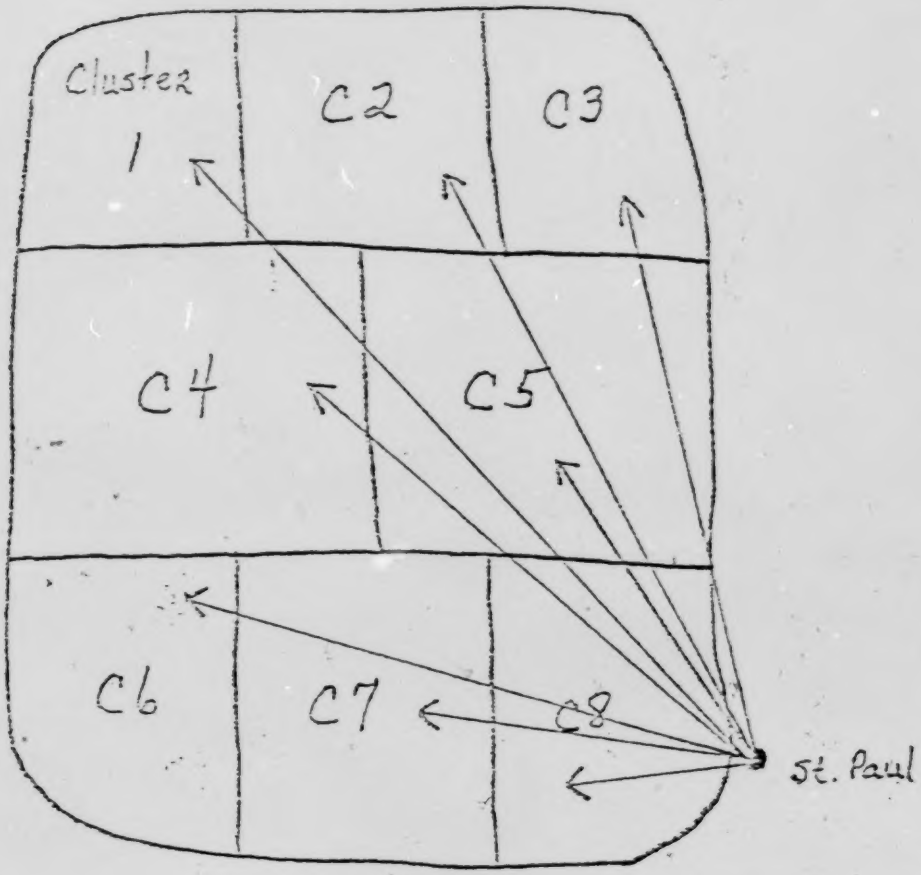
TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
upervisory taffs and eaching taffs of ead Start enters in innesota	1.0 The St. Paul office of Economic Opportunity will provide and supervise experiences geared toward enhancing the skills and capabilities of the target group in providing a broad range of services to handicapped children, and their families, in Head Start programs.	1.0 To increase the child assessment skills of participants so that each can assess and make use of pertinent data by June, 1974. 1.1 To improve by 1974, the participants' skills in identifying and appropriately using community agencies to enhance the programs quality and bring more service's to the parents. 1.2 To improve the participants' skills in evaluation for overall program improvement. 1.3 To assist individual centers in increasing their rate of parent participation by June, 1974. 1.4 To maintain continued and periodic on-site contact with Head Start centers such that subsequent.	1.0-1.4 Workshops Visitations Check-outs	To be determine by St. Paul OEO Staff prior to start of worksh

303

304

DESCRIPTION OF STRATEGIES

ST. PAUL, MINNESOTA



Strategy: Statewide staff training by means of workshops in each of the clusters. Workshops would be held for defined clusters of Head Start programs. Workshops are preceded and followed by continued contact with the St. Paul, Minnesota OCD/BEH project staff by means of a special OCD/BEH staff person who travels to each center to (1) monitor how well the substance of the staff training workshops is being implemented, (2) answer any questions, (3) provide on-site technical assistance, (4) obtain suggestions and data for subsequent planned workshops, (5) do informal needs assessment, and (6) funnel in services according to needs of centers. The in-house activities would include program planning and communication with available resources which have services of some use to the various Head Start centers.

INTERVENTION STRATEGY

The Minnesota program attempts to encourage compliance with the Performance Standards (N-30-364-1-80.2). Project OBJECTIVES/Actions (pp. 10-18) specifically describe how they will encourage compliance with the following performance standards:

(a) assuring that there is a mental health professional available on at least a consultative basis to any center in need of help with the following problems:

--screening, assessment, and referral of any child who has a handicap

--assistance in training the center staff to be familiar with the basic etiology, symptoms, observable manifestations of the more common handicapping conditions

--training center staff to certain skills which will enable that staff to work with the handicapped child in a positive and productive manner.

--provide information regarding a specific handicap and the necessary developmental approaches to dealing with the child

--provide training to parents of handicapped children

--assist in the formation of a "Health Advisory Council" for the center

(b) the OCD/BEH staff will provide workshops for all agencies following a cluster format--these workshops will provide opportunity for Head Start staff and parents to interact, to discuss various approaches to dealing with the handicapped child, and the opportunity to address the problems of specific children in the center.

(c) to provide to each center (with the assistance of TAMS) a resource guide detailing all of the available resources in the locality of the center. In many cases this will be implemented by actually coordinating meetings between the center staff and the community agencies or resources identified.

The key to this activity will be the workshop. Minnesota is a large and sprawling state, with some agencies spread over 350 miles apart. To adequately cover each and every agency with a series of workshops would require Project staff to be on the road almost day

and night--leaving little time for evaluation of activities, or for any follow-up after the workshops. Therefore, the State has been subdivided into seven regions, each region encompassing between four and seven agencies. Central meeting points have been identified by determining mileage from outlying centers in toward a large town or city. The driving distance for an outlying center is no greater in any direction than for any other center. In most every case, the driving distance to the central meeting point is under 100 miles (the greatest distance a center staff will have to cover is the trip from the Grand Portage ICAP down to Duluth--approximately 150 miles).

Ultimately, workshops will be run in series, beginning in the late summer of each year. Other starting times have been discounted due to 1) different funding periods for different agencies, necessitating confusion regarding permanency of staff; 2) lack of immediate utility and continuity when workshops are held either late in the school year or early summer (where too much can be lost and forgotten). The schedule would provide for four series of workshops, with times for each complete series in August--September, November, January, and late February-early March. This will then total some twenty-eight workshops in all. A summer workshop, and concommitment teaching of classes at the University of Minnesota-Morris' CDA program will be described later.

> Following workshops, there will be follow-up visits to each of the agencies who request assistance in implementing or understanding what was covered in the workshop. If 50% of the current agencies request additional service, this would total almost sixty individual visits per year by the Project staff.

STAFF ROLES AND SKILLS

The Project staff is composed of two psychologists and two speech pathologists. More specifically however th staff responsibilities will be as follows:

OCD-BEH Project Director	The Project Director will be responsible for the overall coordination and implementation of the program. He will be responsible to the Field Services Coordinator through the Director of the Head Start Training program. The Project Director will supervise the rest of the staff and be responsible for all administrative functions such as reporting progress, monitoring financial reports, etc. The Project Director will also be the liaison with the Advisory Board and the State T/TA Committee and conduct some training in areas of competency.
Psychologist	The project Psychologist will perform direct services for the Head Start programs in Minneapolis and St. Paul. It will be necessary that this person work very closely with the staffs of those programs. The psychologist will be an experienced practitioner with special background in working with handicapped children and their parents.

As time and circumstances permit, the psychologist will also do some training or give some assistance to staff members of other Head Start programs who may be working with mentally retarded or seriously emotionally disturbed and their families. The psychologist will not be expected to perform direct services to handicapped children and families outside of the urban programs.

Speech Therapist

The Speech Therapist position(s) will provide services to handicapped Head Start Children throughout the state as the need is present. They will provide both direct services to the handicapped and training for those staff persons working with handicapped. Part of their responsibility will also be to plan and mobilize other resources/agencies to provide services they are not able to perform.

Secretary

The secretary will be employed to perform standard secretarial work.

It is planned that the staff recruited for this program be experienced professional personnel who are oriented toward special education and early childhood development. It will be necessary to devote some time to orient them to the Head Start program or philosophy but their professional background will provide their technical skills. Specific methods of operating or meeting the goals of the program will also be determined by the staff that is recruited, utilizing their expertise in the most efficient manner.

POSITION STANDARDS FOR DIRECTOR/SPECIALIST

1. Graduate degree in Community Psychology or closely related field.
2. Training and/or experience in administration management or supervision.
3. Experience in working with community groups, i.e, parent/family groups.
4. Educational or experience background in pre-school education or Head Start Programs.

POSITION STANDARDS FOR PSYCHOLOGIST

1. PH. D. degree in Psychology or its equivalent, preferably with specialization in Clinical or Counseling Psychology.
2. Possess license issued by the State of Minnesota, permitting the independent practice of Psychology.
3. Experience and skill in working with disadvantaged pre-school children and their parents.

NOTE: It is important for the Psychologist to have both academic qualifications and personal sensitivity. Ideally, the Psychologist will have had Head Start experience.

POSITION STANDARDS FOR SPEECH & LANGUAGE SPECIALIST

1. Masters degree (or equivalent) in speech pathology;
2. Possess a Certificate of Clinical Competence in speech pathology from the American and Hearing Association - or be working toward completion of the requirements in the Clinical Fellowship Year;
3. One year of Experience in language programming or related field perferred.

COMMUNITY AND REGIONAL RESOURCES

Coordination with existing agencies will be an important part of this program. It will be facilitated through the Project Director as well as the rest of the program staff. It is apparent that many resources are available to provide services for the handicapped and training for those who work with them, but those resources are not used as effectively as possible. One of the goals of this program thus is to coordinate the many resources available to provide the best service possible for handicapped as well as other children in Head Start programs. The cooperating agencies will be used to provide direct service or training as the situation demands and the service is available. The agencies that are presently planned to be coordinated into this program are:

UNISTAPS
Minnesota Department of Education
Minnesota Department of Public Welfare
Crippled Children's Services
Services to the Deaf
Minnesota Easter Seals
Area Mental Health Programs
Department of Public Health
Mankato Department of Public Health Vision & Hearing Consultant
Special Education Regional Consultants (SERC's)
Ramsey County Community Health Child Abuse Team
St. Paul Rehabilitation Center
Family Service and Catholic Social Service
Washburn Child Guidance Clinic
Gillette Children's Hospital
Community University Health Center
Hennepin County General Hospital Pediatric Unit
Deaconess Hospital
State Planning Agency
Developmental Disabilities Council
St. Paul Public Schools
Metropolitan Clinical Speech Pathologists
Minnesota Speech and Hearing Association

Technical Assistance Agreement Outline

St. Paul OEO Collaborative Project

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
1. Descriptive materials on language programs serving ethnic groups and bilingual cultures.	1.0 To recieve information on bilingual or ethnic language programs that could have some applicability to the St. Paul Head Start training and technical assistance effort.	1.0 TADS will forward data on names, locations, titles of pertinent language programs.	1.0 Project receives continuous flow of materials by May 31, 1974.
2. Assistance in development of program evaluation format.	2.0 To develop an evaluation plan by May 31, 1974.	2.0 Project forwards to TADS modified program plan of objectives, activities, evaluation, procedures, for comment and review.	2.0 A developed plan by date specified.

REPLICATION SUGGESTIONS

The "cluster" workshop/follow-up Model and its accompanying distributable materials should become replicable in its entirety by the 3rd year of the projects operation.

KIBOIS HEAD START PROGRAM

Mrs. Joy Roye, Director
Stigler, Oklahoma

Compiled by:

Vernon L. Clark, Ph.D.
Associate Director, Child Intervention

Sonya P. Johnston, M.A.
Research Assistant, Child Intervention

Technical Assistance Development System
Frank Porter Graham Child Development Center
University of North Carolina
Chapel Hill, North Carolina

PHILOSOPHY

The program was designed for the children to: (1) improve his health, (2) improve his social and emotional growth, and (3) improve his ability to think, (4) increase his knowledge and understanding of the world around him, (5) develop within him a climate of confidence, necessary for success, (6) help him to get along with his peers, and (7) allow him to meet persons of authority (policemen, teacher, etc.) in situations which bring respect rather than fear.

The program has additional planning for the handicapped child: (1) to help the child learn to deal with and accept his limitations, (2) gain confidence in his abilities and strengths, and (3) be accepted by other children and adults. Other children will have the opportunity to deal with and accept differences between people and understand the problems of children with special needs.

The parental component of the program has been planned to: (1) bring in awareness of the importance of health, nutrition, and sanitation for the whole family, (2) create situations in which the parents can give of themselves and thereby feel worthiness, (3) help parents to feel a need for self-improvement and provide ways to achieve it, (4) and help parents realize the importance of living in and coping with the world. Also, the program should help families to cope with and accept a child's special needs. In integrating the program, parents of special children can share experience, feelings, concerns, and plans with other parents. Training to assist parents in relating to handicapped children will be included.

The program has identified objectives for the community. These concern the following issues: (1) improvement of child's and his family's self-image and worth as individuals, (2) an improvement of the total environment of the family and eventually the community, (4) necessary social and emotional background to insure success in schooling, (5) increased health of family and

activities with the staff taking particular care to provide encouraging and successful experiences geared toward enhancing their self-image through achieving success. Learning to care for himself is just as important for the handicapped child as it is for the "non-handicapped."

BDS -- By Date Specified
ADO -- At Director's Office

Program Plan Outline
for

KiBois Head Start Programs

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
Handicapped children in KiBois Head Start (100 approx.)	1. To develop in handicapped children the ability to perform to a maximum within their limitations and surroundings. Each child within his limitations will be able to perform the tasks listed included on pages 1, 2, & 3 with the thought in mind that some children (C.P., M.R., etc.) will not be able to accomplish the most elementary tasks.	1.1 Within four weeks after acceptance into program each suspected handicapped child will be screened for identification of handicapping conditions.	1.11 Receipt of application 1.12 Acceptance to program 1.13 Identification of children with potential handicaps 1.14 Administer appropriate screening instrument visual auditory speech physical	1.1 A file containing children's names, date of acceptance into program, date of screening; all result and/or referrals following screening will be kept in the projec director's office.
319		1.2 When questioned by the teacher, each child will be able to respond utilizing receptive and/or expressive language in an appropriate manner by June, 1974.	1.21 The child will respond to questions concerning: his name where he lives expression of needs expression of feeling naming school, home and other environmental objects identifying family members and friends show & tell etc.	1.2 The teacher will administer a criterion-referenced pre-post-test of desired child behavior within the areas of reception an expression. 320
		1.3 Each child will be able to motorically manipulate materials, where developmentally appropriate, essential to his personal and environmental well being, i.e., tie shoes, brush teeth, hair, button, zip,	1.3 Activities to develop such motoric skills will include classroom activities health and safety activities outdoor play activities	1.3 The teacher will administer a pre-post test criterion referenced checklist.

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		snap, use knife, fork, spoon, drinking glass, etc.	nutrition activities etc.	
		1.4 70% of the children will be able to discriminate between two visually different objects by June, 1974.	1.4 Numerous objects of meaning to the child at present or later will be presented in the following categories: size - large, small, big little shape - round, square, triangle color - red, black, green people - boy, girl, black, white foods - fruit, vegetable oppositional concepts: up - down fast - slow hot - cold etc.	1.4 The teacher will administer a pre-post-test criterion referenc checklist.
321				322
		1.5 70% of the children will discriminate between two tactilly different objects by June, 1974.	1.5 Numerous objects of meaning to the child will be presented in the following categories: size shape foods oppositional concepts: soft - hard smooth - rough wet - dry short - long etc.	1.5 The teacher will administer a pre-post-test criterion referenc checklist.

Program Plan Outline
for

Kitois Head Start Program

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
323		1.6 70% of the children will respond correctly when given a conceptual/reasoning task by June, 1974.	1.6 Conceptual/reasoning activities and learning materials will be presented in the following categories: association classification part-whole relationships sequencing analogies number concepts language concepts	1.6 The teacher will administer a pre-post test criterion referenced instrument composed of reasoning tasks.
		1.7 75% of the children will participate in cooperative play in a defined manner with one or more children to the satisfaction of the teacher by June, 1974.	1.7 Social play activities: building blocks telephone conversation puzzle play house dramatic play table setting throwing and catching a ball games and relays	1.7 Teacher observation of children's behavio will be recorded on a performance criteri checklist.
		1.8 Each child will perform the following personal tasks by June 1974: dressing, toileting, feeding himself.	1.8 Teacher demonstration of self-help skills: dressing undressing toileting eating drinking etc.	1.8 Teacher observation of children's behavio will be recorded on a performance criterion checklist.

Program Plan Outline
for

KiBois Head Start Program

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		1.9 By June 30, 1974, 50% of teaching staff will demonstrate prescriptive teaching techniques.	1.9 Pre-service and in-service training will include writing behavioral objectives defining learning task, task analysis, evaluation of task.	1.9 50% of center teach staff members will develop and turn in to the project dire or a lesson plan wi clearly stated ob- jectives, to inclu who performs task a defined task, how child's per- formance will be evaluated.
325		1.10 Teaching staff will inform parents of social services available to the child and themselves as parents of handicapped children by April, 1974.	1.10 Conferences will be held on a need basis individually and in groups of the following: teachers social directors social workers parents, at which time parents will be informed verbally and with accompanying written materials of agencies and services available.	1.10 Project staff will administer a pre-post-test to parer on agencies and services available to them and their children.

326

Program Plan Outline
for

Parents

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
Parents of enrolled children	2.0 To provide a planned program of experiences and activities which support and enhance the parental role as the principle influence in the child's education and development.	2.0 Parents who have a child enrolled will be encouraged to participate in a defined manner in one or a number of Head Start program areas by June, 1974.	2.0 Teacher visitation to home parent conferences in school; dinners and other special gatherings for parents.	2.0 Parents who've handicapped children are active participants in activities. Frequency counts of active participation and/or contribution.

Program Plan Outline
for

Parents

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		2.1 By November, 1973, 80% parents will compose no less than 50% of all center level, county-level, agency level committees and councils designed to have input into the total Head Start program.	2.1 Parent meetings with Head Start staff; meetings on purposes and activities of various committees and councils.	2.1 Percentage figures of committee and council make-up BDS.
		2.2 By April, 1974, no less than 40% of those serving in the capacity of paraprofessionals and staff volunteers will be parents of enrolled children or children who were previously enrolled, excluding volunteers sent by agencies.	2.2 Recruitment by Head Start staff of interested parents; parental training workshops necessary.	2.2 Existence of records showing number of total parents serving as specified BDS.
329		2.3 By January, 1974, parents will receive a listing of the available community resources to which they can resort for specialized services.	2.3 Parent-teacher conferences, dissemination of a listing of agencies, their services, and eligibility requirements for receiving those services.	2.3 Disseminated to parents BDS.
			2.31 Workshops on existing community and regional resource agencies.	330

Program Plan Outline
for

Parents

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		2.4 By April, 1974, 70% of active parents attended at least one workshop concerned with one of the following areas: personal health care of children; importance of proper dental care; immunizations and your child; procedures for proper visual care; how the parent can handle various visual problems; things parents can do to assist the child who has auditory problem; things parents can do to assist the speech impaired child; behavioral characteristics of young children.	2.4 Question-answer sessions with medical personnel in various areas of specificity during parent workshops, conferences. Medical personnel includes doctors, dentists, nurses, guidance centers personnel.	2.4 Records showing parental attendance at Head Start sponsored workshops. Content outline of topics to be covered by medical personnel on file in director's facilities BDS.
331		2.5 By June, 1974, six (6) individual parent-teacher conferences will be conducted with all parents of enrolled handicapped children.	2.5 Parent-teacher conferences at home or school.	2.5 Records in director office BDS stating specifics of each conference, parent's and child's names, major items discussed next steps suggested time for next meeting parents' ideas on how teacher should proceed with their child.

Program Plan Outline
for

Parents

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		2.6 By June, 1974, 75% of active parents of the handicapped will have accompanied their child (ren) to 90% of all medical, dental or psychological exams.	2.6 Appointments made by Head Start staff in coordination with parents and medical personnel. Head Start provide transportation when appropriate.	2.6 Teaching staff completed questionnaire on parent attendance record by date specified.
		2.7 By January, 1974, 90% of parents will have been introduced and used a communication system for the reception of messages from the Head Start project and for sending messages to the Head Start director and/or teachers.	2.7 Use of regularly scheduled personal contact, newsletter, parent conferences, telephone, mail.	2.7 Records on file w director showing number and nature of contact with c parent and messag received from parents.

Program Plan Outline
for

Decision-Makers

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
.0 Decision-makers	3.0 To identify and contact any agency, group or individual within this general location who can influence the quality of services extended to the child of the KiBois experimental project.	3.0 By April, 1974, 10 decision-makers will have been identified along with services they can render.	3.0 Study of community power structure by Head Start staff.	3.0 Listing of deci makers and thei services BDS.
		3.1 By May, 1974, contact will have been made with all identified decision-makers to describe goals, objectives, etc. of Head Start project.	3.1 Personal contact, letters.	3.1 Appointments ma and records of attendance reco
		3.2 By June, 1974, letters of committment obtained from D-M who desire to provide assistance to Head Start project.	3.2 Personal contact	3.2 Letters of com-mittment on fil BDS, ADO.
		3.3 By January, 1974, descriptions of the KiBois experimental affort will have been presented on radio and television.	3.3 Letter of committment from manager of radio and television stations stating willingness to cooperate along this line.	3.3 Appearance on T and broadcast o radio. BDS

Program Plan Outline
for

Decision-Makers

TARGET	GOAL	OUTCOME OBJECTIVES	ACTIVITIES	EVALUATION
		3.4 Policy council members or a duly representative portion will act as advocates of the project by attending at least 50% of Head Start activities.	3.4 Personal invitation.	3.4 Attendance records
		3.5 To develop by February, 1974, a mailing list to whom the project would forward news of its upcoming activities.	3.5 Head Start staff determining who important and pertinent are.	3.5 Existence BDS.

INTERVENTION STRATEGY

The project uses an 80% small group interaction between child and adult with 50-100% of child's interactions in the program with teachers and the remaining percentage of time in a combination of peers and materials.

Some descriptors of the varied methodology used to "teach" the children are:

Prescriptive Teaching
Discovery Learning
Task Analysis
Interest Centers
Parent Volunteers as Instructors
Experiential Approach
Therapeutic
Teacher as Facilitator

The daily activities of the child development programs are flexible enough to provide for special needs of the children but stable enough to provide a feeling of security. The indoors free play period allows the children to choose from a variety of experiences planned in advance by the staff. These include dramatic play, housekeeping center, block center, art center, science center, book center, music center, game center and music time. The outside time may include some of the same experiences along with more opportunities for use of large muscles. There's also scheduled time for a story and discussion period. Toothbrushing may be done after snack time or lunch time. Field trips are planned to supplement and enrich the children's experiences.

The daily activities are planned so that there will be a balance of active and quiet activities. The outstanding strengths in the daily educational program include enhancement of self concept of children, language development, development of math concepts, science, creative activities such as art and music. The child with "special needs" will be included in all

community, and (6) a desire for greater knowledge by both the child and his family and that the community be helped to accept the special child as like other children - "only more so."

The program will provide services for 100 handicapped children and integrate these children into the existing Head Start Center program. It will employ one coordinator whose duties will be coordinating the special services for handicapped program in all its phases, i.e., Financial, Training, Education, Parent Involvement, Social Services, Volunteer Services, Health, etc. Ten para-professionals will work with the handicapped children, the parents of these children, and the regular Head Start staff.

The most innovative approach, as reported by project administrators, in this rural experimental program, is the willingness and ability to identify handicapped children and incorporate them into a regular Head Start setting. No other group or agency in the four-county area has attempted this task.

Another innovative approach to providing Head Start services to handicapped children in this experimental program is the use of para-professionals who will work closely with handicapped children and their parents at the home level. Highly specialized personnel are at least 100 miles from this locale. These staff persons will be able to relate to both parents and children at their level and without using jargon which may frighten many low-income parents.

STAFF ROLES AND SKILLS

Title	Major Responsibility
Project Director	Administrative - all components. Planning for staff training. Education accountability - up to standards. Public relations.
Special Services Co-ordinator to Handicap	See following pages for descriptions of jobs.
Social Workers	
Teachers	
Teacher's Assistant	
Teacher's Aide	
Cooks	
Maintenance, Repair and Bus Driver	
Records Clerk	

POSITION DESCRIPTION

TITLE: DIRECTOR - HEAD START PROGRAM

REPORTS TO: POLICY COUNCIL AND OR KIBOIS EXECUTIVE DIRECTOR

GENERAL RESPONSIBILITY:

The individual will provide the planning, direction, control and coordination of the Head Start Program within applicable HEW guidelines, regulations, and laws. The individual will also provide the functions necessary to control and coordinate all management and supporting activities of the Head Start Program at the Grantee Level.

SPECIFIC RESPONSIBILITIES:

1. Provide an effective organization to carry out the requirements of the Head Start Program, including T & TA coordination with the assistance of the four area coordinators.
2. Provide for the operation, and coordination of the medical and social service support activities, and the dietary and nutritional requirements of the program enrollees.
3. Provide a function to administer, and coordinate the financial and accounting support activities required by the program.
4. Provide for the operation and coordination of the educational program and all necessary supporting psychological and consulting services.
5. Provide for administration, compiling and reporting on the grantee level, coordination of all other necessary supporting and management activities, including the preparation of all proposals for funding and training.
6. Supervise the activities of new area coordinators reporting to the position.
7. Establish and maintain effective work relationships within the organization and the four county area.

AUTHORITY AND ACCOUNTABILITY:

The individual is delegated full authority necessary for the effective performance of the responsibilities assigned within the restrictions of applicable policies and instructions, and is fully accountable to the Executive Director and Policy Council for his or her performance.

DESIRABLE QUALIFICATIONS:

Education: BS or BA Degree in Child Development, Special Education, Administration or related field.

Experience: Five years experience in education or Business Administration

-OR-

Any equivalent combination or education or experience.

SPECIAL QUALIFICATIONS:

Bondable

POSITION DESCRIPTION

TITLE: AREA HEAD START COORDINATOR

REPORTS TO: COUNTY HEAD START POLICY ADVISORY COMMITTEE AND COUNTY COMMUNITY SERVICES COORDINATOR

GENERAL RESPONSIBILITY: (IN DESIGNATED GEOGRAPHIC AREA)

The individual will work with County Policy Advisory Committee and Ki Bois Community Services Coordinator to provide the planning, direction, control and coordination of the Head Start Program within applicable OEO guidelines, regulations, and laws. The individual will also provide the functions necessary to control and coordinate all management and supporting activities of the Head Start Program in his area.

SPECIFIC RESPONSIBILITIES

L. Provide an effective organization to carry out the requirements of the Head Start Program.

2. Provide for the operation, control, and coordination of the medical and social service support activities, individual centers, and the dietary and nutritional requirements of the program enrollees.

3. Provide a function to administer, and control and coordinate the financial and accounting support activities required by the program in his area.

4. Provide for the operation, control, and coordination of the educational program and all necessary supporting psychological and consulting services.

5. Supervise the activities of all employees reporting to the position.

6. Establish and maintain effective work relationships within the organization and the community.

7. Perform such additional assignments necessary to carry out recommencations of the Ki Bois Community Services Coordinator.

AUTHORITY AND ACCOUNTABILITY

The individual is delegated full authority necessary for the effective performance of the responsibilities assigned within the restrictions of applicable policies and instructions, and is fully accountable to the Policy Advisory Committee and the Ki Bois Community Services Coordinator. All major equipment purchases shall be submitted to the CS Coordinator for approval.

Duties of Coordinator for Handicapped Children Program

1. Recruit, select, train, and supervise all employees reporting to position.
2. Keep track of expenditures to stay within budget.
3. Make all necessary reports both financial and programmatic.
4. Make presentations at local civic organization meetings (4 county level)
5. Prepare instuctional material individualized for handicapped children.
6. Meet with parents (one-to-one or in groups) to explain the program.
7. Prepare presentations (slides, visuals, etc.) to be presented to State and/or Regional meetings. (CAP, Head Start, State Agencies, etc.)
8. Work with schools where handicapped children will be enrolled to explain what the program goals are.
9. Work with advisory board on recommendations for handicapped children.
10. Arrange and accompany groups visiting centers and program (set up times and places for people to visit program, both local and out-of-area).
11. Work with special services staff and regular staff to provide special training (both pre and in service).
12. Visit centers in 4 county area to evaluate program progress. Visit other handicapped programs to provide ideas to improve our own program.
13. Perform any other duties deemed necessary by the Head Start Director or the policy council.

POSITION DESCRIPTION

TITLE: SOCIAL WORKER

REPORTS TO: HEAD START DIRECTOR

GENERAL RESPONSIBILITIES:

The Social Worker serves as a link between the center and the children and their families and should encourage parent participation in the program. As parents participate their needs and problems are known about and the Social Worker should encourage the families to make use of all existing facilities and social agencies. The Social Worker should see that each child and each family receives the services they need and are entitled to. One of the most important functions of all members of the social services staff is to find out why a child who is enrolled does not come to the center and to provide assistance in the removal of whatever obstacles are involved.

SPECIFIC RESPONSIBILITIES:

a. Participation in relevant aspects of program planning.
b. Finding the children in greatest need of the program and encouraging parents to send them.
c. Providing background information on the family so that the individual needs of the children can be understood. Making visits in each home as often as necessary.
d. Consulting with teachers and other staff members relating to the needs of the family.
e. Performing services in and out of the center in relation to the social welfare of the children and their families. This could be accompanying parents or children to appointments, providing babysitting when necessary for other children in the family, arranging or providing transportation when needed.
f. Help Head Start families use existing community services and resources. Every effort should be made to inform families of existing services in their own neighborhood.
g. Planning work assignments, supervising and assisting in training of paid non-professional staff and volunteers performing social service functions.
h. Assisting in parent education and related activities.
i. Continuously evaluating and planning for improvement of social service component in relation to total program and operation of the centers.
j. Cooperating with County Health Officers in carrying out the medical and dental program and involving parents in this aspect of the program.
k. Perform such additional assignments as directed by the Head Start Director.

QUALIFICATIONS:

Ideally, a professional degree in social work. Should have at least three years of experience or training in welfare or community services work.

POSITION DESCRIPTION

TITLE: TEACHER

REPORTS TO: COUNTY AREA COORDINATOR FOR HEAD START

GENERAL RESPONSIBILITY:

The teacher must be responsible for the total program in her class, but she should work with other staff members in planning activities. She will be in over-all charge of all activities.

The teacher is the key adult in the daily lives of the children in the Child Development Center. She will determine the quality of the experiences these children have. There should be a teacher in charge of each group of 15 children. In addition to directing classroom activities, the teacher is concerned with the child's full potential.

SPECIFIC RESPONSIBILITIES:

1. Plan childrens activities in class.
2. Direct children and their activities.
3. Make home visits.
4. Arrange parent meetings.
5. Requisition equipment and supplies for class.
6. Plan and accompany children on Field trips.
7. Attend in-service training meetings as required by Head Start Director.
8. Conduct in-service training as directed.

QUALIFICATIONS:

Ideally, teachers in Head Start Programs should be graduates of a four year college program with a major in Nursery Education, nursery-Kindergarten Education, or Early Childhood Education. However, full training and complete legal certification do not guarantee a person's ability to work with young children. The personal qualities of the teacher are fully as important as her training, and it is vital to assess both a person's personality and character in choosing a teacher. Probably the single most important attribute of a good teacher is warmth.

POSITION DESCRIPTION

TITLE: TEACHER ASSISTANT

REPORTS TO: TEACHER and/or DIRECTOR

RESPONSIBILITY:

A Teacher Aide may be promoted to Assistant Teacher with two years Supplementary Training and two years experience plus workshops, in-service training and on the job training.

Every group of twelve (12) to twenty (20) preschool children should have at least one Teacher's Assistant. The need for having at least two adults always on hand arises from several factors. At any one time one child may need the full attention of one adult. Some children are painting, some are working with blocks, some may be at the work bench needing close supervision.

SPECIFIC RESPONSIBILITY:

The Assistant Teacher will assume more responsibility in all program areas including program planning, home visits, training of volunteer parents, etc. The Teacher's Assistant works under the direction and supervision of the teacher. All teachers have alot of dirty work to do. Fixing paints, cleaning up after children who have worked with clay, getting the sand back into the sand box, tidying up after spills, cleaning up when young children have wet or vomited -- this is all part of the day's work of teacher and assistant in working with young children. It is important for teacher's assistants to know this dirty part of the job because the word "teacher" can call up images of nice clean wordy-work.

1. The teacher assistant will coordinate the volunteer work in her class with the assistant or the teacher.

2. The teacher assistant will assist in making home visits.

3. Attend all training offered.

4. Share in program planning.

5. Be prepared to take full charge should a teacher be absent.

6. Share in discipline of children.

QUALIFICATIONS:

The assistant should have all of the human qualities that teachers have, plus willingness to learn and expand their knowledge of preschool work. Preference should be given to parents of Head Start children--other qualifications being equal.

Top priority is given to those who can and will serve to the best interest and development of children enrolled in the Head Start program with two years Supplementary Training plus two years experience in the Head Start Program.

POSITION DESCRIPTION

TITLE: TEACHER AIDE

REPORTS TO: TEACHER and/or DIRECTOR

GENERAL RESPONSIBILITY:

Every group of twelve(12) to twenty (20) preschool children should have at least one Teacher's Aide. The need for having at least two (2) adults always on hand arises from several factors. At any one time one child may need the full attention of one adult. Some children are painting, some are working with blocks, some may be at the work bench needing close supervision.

SPECIFIC RESPONSIBILITY:

The teacher's aide works under the direction and supervision of the teacher. She must be prepared to accept assignments, to make suggestions, to modify what she does in light of the more experienced background of the teacher. All teachers have a lot of dirty owrk to do. Fixing paints, cleaning up after children who have worked with clay, getting the sand back into the sand box, tidying up after spills, cleaning up when young children have wet or vomited--this is all part of the day's work for teacher and aide in working with young children. It is important for teacher's aides to know this dirty part of the job because the word "teacher" can call up images of nice clean wordy-work.

1. The teacher's aide will coordinate the volunteer work in her class with the aide of the Teacher.
2. The teacher's aide will assist in making home visits.
3. Attend all training offered.
4. Share in program planning.
5. Be prepared to take full charge should a teacher be absent.
6. Share in discipline of children.

QUALIFICATIONS:

The aide should have all of the human qualities that teachers have plus a willingness to learn and expand their knowledge of preschool work. Preference should be given to parents of Head Start children--other qualifications being equal.

Top priority is given to those who can and will serve to the best interest and development of children enrolled in the Head Start Program. Selection, as far as possible, should be people from low income families.

POSITION DESCRIPTION

TITLE: COOK

REPORTS TO: TEACHER and/or DIRECTOR

GENERAL RESPONSIBILITIES:

Plan menus, well-balanced, which meet the needs of Head Start children. Menus need to be planned one week in advance and given to the Teacher. Buy groceries, prepare food, serve plates, clean dishes, and kitchen. Give opportunity for the child to become acquainted with a variety of foods. Accept and try suggestions from Teachers and Director. Upon request provide ancillary instructional assistance via meals, etc. Make foods appealing to children - color, texture, meat cut to bite size when necessary.

Serving bowls should be provided on each table so that family style service can be implemented.

Cooks shall be on duty at tables to help in replenishing bowls, and assist in serving children.

Prepare picnic lunches and accompany children on field trips when asked.

Prepare for and meet with parents at parent meetings when asked.

QUALIFICATIONS:

Clean.

Experience as cook when available.

Must be willing to take training.

Top priority is given to those who can and will serve to the best interest and development of children enrolled in the Head STart Program. Selection as far as possible should be people from low income families.

Cooks are expected to train and supervise non-professionals and volunteers, as well as work with families and small children.

JOB DESCRIPTION

TITLE: MAINTENANCE, REPAIR AND TRANSPORTATION

REPORTS TO: TEACHER and/or DIRECTOR

GENERAL RESPONSIBILITIES:

Custodian Work
General upkeep of facilities
Driver
Carpentry

SPECIFIC RESPONSIBILITIES:

Custodian of office building. Maintenance and repair including upkeep of grounds of those facilities for which Head Start is responsible. Assist in pupil transportation where needed. Build and repair needed Head Start equipment.

QUALIFICATIONS:

Experience as custodian and carpenter desired. Must be willing to take training.

Top priority is given to those who can and will serve to the best interest of the Head Start Program.

Selection as far as possible should be from low income families.

POSITION DESCRIPTION

TITLE: RECORDS CLERK

REPORTS TO: AREA COORDINATOR & HEAD START DIRECTOR

GENERAL RESPONSIBILITY:

The individual will provide clerical support to the Coordinator and other members of the staff as necessary to assure that clerical requirements of the activities are accomplished on a timely basis.

SPECIFIC RESPONSIBILITIES:

1. Accept telephone calls coming into the area office.

2. Receive visitors, exercising a high degree of tact, and referring them to the appropriate member of the staff.

3. Establish and maintain a time and work record for each member of the staff.

4. Type letters, memos, reports, and documents necessary for the program in the area.

5. Establish and maintain whatever files are necessary for the support of the Director and the program.

6. Perform the financial duties necessary for the programs.

7. Establish and maintain effective relationships within the organization and the community.

8. Perform such additional assignments as designated by the Coordinator.

AUTHORITY AND ACCOUNTABILITY:

The individual is delegated full authority necessary for the effective performance of the responsibilities assigned within the restrictions of applicable policies and instructions, and is fully accountable to the Area Coordinator and the Head Start Director for his performance.

DESIRABLE QUALIFICATIONS:

Education: High School Graduate with typing experience
Experience: Filing and keeping records

COMMUNITY AND REGIONAL RESOURCES

Highway Patrol
Local Indian
Dental Aide
Psychologist
Jaycees
American Legion
Church Groups
Home Economics
City and County Government
County Commissioners

Fire Department
Local Mexican
Local Medical Personnel
Social Worker/Health
Lion's Club
V.F.W.
Senior Citizens
New Century
Schools

TITLE	SERVICES
Oklahoma State University T.N.-T.A.	Consultative
Public Health	Immunization, vision & hearing, screening, family planning for parents
Dept. of Institution and Social Rehabilitation Services (welfare)	Referrals, health exams, workshop training
Public Health Services (Indian)	All health services to Indian children
Regional Guidance Center	Psychological evaluation, speech and hearing evaluation, counseling (pay on a sliding scale)
Head Start Regional Training Office	Training, consulting
Public Schools	Space, transportation
KEDDO - Economic Development Distribution	Planning, clearing house for non-duplication of services
Department of Labor	Trainees (aides)
Extension Services	Consultants on nutrition in homes
Oklahoma School for the Blind	Speech and hearing evaluation, therapy
U.S.D.A.	Commodities
Crippled Children Services	Money for dental and medical work
City and County Government	Space
Oklahoma Children's Medical Center	Diagnostic services
American Pediatric Association	Consultants on planning

ASAP = As soon as possible
AMAT = At most appropriate time

Technical Assistance Agreement Outline

KiBois Head Start

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
Over-all yearly educational plan	1.0 A detailed educational program specifying target groups; the project's goals, objectives, and activities for each target group; specific procedures for evaluating the success or failure of an objective. In addition, each objective will have at least four suggested lesson plans by December 15, 1973.	1.0 TADS will send a consultant to interact with appropriate project staff personnel and complete the task to the project's satisfaction by December 15, 1973.	1.0 Existence of the KiBois Plan for Educational Action by December 15, 1973. 1.1 Copy of KiBois Plan for Educational Action on file at TADS Headquarters by January 20, 1974.
Training materials and/or experiences on the topic of parliamentary procedures and the responsibilities of policy-making board members.	2.0 Each member of a decision-making committee will have received a thorough (written) description of the duties pertinent to his committee responsibilities by April 1, 1974, by means of at least 3 workshops.	2.0 By November 20, 1973, TADS will identify and inform project of any filmstrips, film, etc. concerned with explaining the duties, etc., of a policy board member. 2.1 Presentations by Head Start director, pertinent Head Start staff, and any project identified consultants at each workshop. 2.2 TADS, by November 16, 1973, will contact Regional Office and inform appropriate persons of need for personal visit to KiBois to discuss board duties and responsibilities.	2.0 Listing received by KiBois and acknowledgement by letter made to TADS NLT November 1, 1973. 2.1 Agenda of workshops forwarded to TADS AMAT. 2.2 Project-developed evaluation form used forwarded to TADS ASAP.

Technical Assistance Agreement Outline

KiBois Head Start

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
		2.3 TADS by November 16, 1973, informs Regional Office of need to disseminate written materials.	2.3 Project records show materials on file by June, 1974.
		2.4 TADS establishes communication between KiBois project and CEC Information Center by November 17, 1973	2.4 TADS sends to KiBois copy of informational letter sent to CEC.
			2.41 KiBois acknowledges contact with CEC via letter to TA
.0 Materials to acquaint the community with the experimental project.	3.0 A slide-tape presentation that describes nature and scope of KiBois Experimental Project developed by January 15, 1974	3.0 Project writes and forwards theme, type of audience, length and pictures to TADS by November 1, 1973.	3.0 KiBois acknowledges positive acceptance of product in written form by February 15, 1974.
		3.1 TADS will provide editorial guidance (editing, arrangement of pictures, narration, etc.) by January 15, 1974.	
		3.2 TADS will contact KiBois for additional materials, etc., where needed. Between November 15, 1973 and January 15, 1974.	

Technical Assistance Agreement Outline

KiBois Head Start

TECHNICAL ASSISTANCE NEEDS	TECHNICAL ASSISTANCE OUTCOME OBJECTIVES	TECHNICAL ASSISTANCE ACTIONS	TECHNICAL ASSISTANCE EVALUATION PLAN
A list of skills, etc., appropriate to developmental growth periods.	4.0 By December 15, 1973, a listing of developmentally appropriate activities, exercises, skills and/or behaviors applicable for parental and school use (in developing instructional materials) across the areas of perception, motor development, language, reasoning, speech, social or self-help skills.	4.0 KiBois will contact consultant, secure resume, forward to TADS to provide services by October 1, 1973. 4.1 TADS will finance no more than two days consultation @ $100 per day plus $25 per diem (total cost not to exceed $282). 4.2 KiBois will forward to TADS evaluation form of consultant visit by January 15, 1974. 4.3 TADS will send consultant evaluation form of project visit ASAP.	4.0 KiBois informs TADS of existence of the produc by forwarding copy of product by February 1,
357			
Assistance in handling emotionally disturbed children.	5.0 Consultation from University of Oklahoma Medical School and video tape of educational procedures in handling emotionally disturbed children.	5.0 TADS will provide assistance in the development and finance of the work of consultants who develop the video tapes.	358

REPLICATION SUGGESTIONS

Steps taken to identify needs, assessment of these needs, mobilizing resources, planning, training, evaluation, etc., will be of benefit to other rural Head Start programs and make their transitions to comply with the mandate much easier and less costly.